Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR	_				Version 7/0		
FEDERAL ASSISTANC	E	2. DATE SUBMITT May 15, 2005	TED	Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE N/A		N/A	ation Identifier		
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Construction	May 15, 2005	(1)	05-258			
5. APPLICANT INFORMATIO Legal Name:	<u>N</u>	<u> </u>	Organizational Un	· 			
Santa Ana Watershed Project	Authority		Department:				
Organizational DUNS:	DEC	TIVED	Division:				
086591575 Address:	<u> </u>	LIVLU					
Street:	MAY	1 3 2005		and telephone number of person to be contacted on matters ng this application (give area code) First Name: Richard			
11615 Sterling Avenue	IVIAI	1 0 2003	Prefix:				
City: Riverside	STATE CL	EARING HOUSE	Middle Name Eugene	Highard			
County: Riverside	Control of the Contro		Last Name Haller	144			
State:	Zip Code 92503	***	Suffix;				
California Country:	92503		Email:		•		
USA			rhaller@eawpa.org				
6. EMPLOYER IDENTIFICATION	, ,		Phone Number (give	area code)	Fax Number (give area code)		
95-289996	4		(951)354-4220		(951)785-7076		
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bad	ck of form for Application Types)		
If Revision, enter appropriate le		on 🔲 Revision	G				
(See back of form for description	n of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDE EPA (Suean Hatfield	d)			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:			ICANT'S PROJECT:		
TITLE (Name of Program): State & Tribal Assistance Gran	to (STAC)	66-606	Santa Ana Regiona	Interceptor Enh	nancement through Prado Dam		
12. AREAS AFFECTED BY PE	ROJECT (Cities, Countle	es, States, etc.):					
San Bernerdino, Riverside and							
13. PROPOSED PROJECT			14. CONGRESSION	14. CONGRESSIONAL DISTRICTS OF:			
Start Date: October 2006	Ending Date: November 2007		a. Applicant		b. Project		
15. ESTIMATED FUNDING:	Money South		44 Ken Calvert	N SUBJECT TO	49 Baca, 44 Calvert, 42 Miller REVIEW BY STATE EXECUTIVE		
a. Federal S			ODDED 12373 DDA	0E667			
		288,700	a. Yes. KZ THIS PI	REAPPLICATION BLE TO THE ST	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372		
b. Applicant S	_	1,501,300		SS FOR REVIE			
c. State \$		00"	DATE:	May 15, 2005			
d. Local \$	-	O :	b. No. III PROGR	AM IS NOT CO	VERED BY E. O. 12372		
e. Other 5		0 .00	OR PRO	GRAM HAS NO	OT BEEN SELECTED BY STATE		
f. Program Income \$		0 .	FOR RE		ENT ON ANY FEDERAL DEBT?		
g. TOTAL \$		1,790,000	☐ Yes If "Yes" attac	th an explanation	n. 🖾 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIE	F ALL DATA IN THIS	APPLICATIONIDE ADDI	ICATION AGE	TRUE AND CORRECT. THE		
THE THE PACOLIXIANTER II	THE ASSISTANCE IS	AWARDED.	OF THE APPLICANT ANI	THE APPLICA	ANT WILL COMPLY WITH THE		
a. Authorized Representative Prefix Mr.	First Name		[6.41.3.41]	. N:			
	First Name Daniel		Middl Brys	e Name n			
Lasi Name Cozad c. Title			Suffix		A - A		
General Manager /	00/		c. Tel	ephone Number 354-4220	(give area code)		
d. Signature of Authorized Reple	and Market	11)	e. Da		3/05		
Previous Edition Usable Authorized for Local Reproduction					Standard Form 424 (Rev.9-2003)		
	مملك				Proceribad by OMB Cincular A 400		

							Version 7/03		
APPLICATION			2. DATE SUBMITTED)	cant Identifier	•		
FEDERAL ASSI			2. D. (77)	TE RECEIVED BY STATE					
1. TYPE OF SUBMISSI Application	I ON: <i>Preapplicati</i>	ion	3. DATI	E RECEIVED I	BY STATE	State Application Identi	ifier		
Construction	☐ Constru		4. DATI	E RECEIVED I	BY FEDERAL AGENC	Y Federal Identifier			
Non-Construction	☐ Non-Co	nstruction							
5. APPLICANT INFOR	MATION				,				
Legal Name: FIREBAUGH CIT	Y OF			•	Organizational Unit: Department:				
Organizational DUNS:									
0049044	1-0003)			Division:				
Address (give city, county, state, and zip code): 1575 Eleven Street				Name and telephone nu involving this application	mber of the person to be co on (give area code)	ontacted on matters			
Firebaugh CA 9366	52								
County: 010 Fresno									
6. EMPLOYER IDENT	IFICATION N	UMBER (EI	N):						
946000333	Taradana L		p== 8 1	Prome Front	Fax:				
8. TYPE OF APPLICAT	CION:	REG	Tanta	Bounds County	7. TYPE OF APPLIC	ANT: (enter appropria	te letter in box) C		
New	HOIV.	8.4.6V	1 3 2	005	Other (specify)		· L		
New		MAT	10 4	003	9. NAME OF FEDER				
STATE CLEARING HOUSE			USDA, Rur	al Development					
10. CATALOG OF FEDERAL DOMESTIC			11 DESCRIPTIVE T	ITLE OF APPLICANT'S	DDO IFCT.				
ASSISTANCE NUMBER:				III. DESCRII IIVE I	TILE OF ATTEICANTS	1 ROJEC1.			
TITLE: 10.760			Predevelopment I	Planning Grant					
*****		***************************************							
12. AREAS AFFECTED City of Firebaugh	BY PROJECT	Γ (cities,	counties,	states, etc):					
12 DRODOSED BROVE	CT.	III CON	DECCI	NAT DICTOR	CTC OF.				
13. PROPOSED PROJE Start Date	Ending Date	a. Applica		ONAL DISTRIC	b. Project				
•	10/1/2005	20 CA			 				
15. ESTIMATED FUND		<u> </u>		16 TO A DDI	CATION CUP IF CT TO	DESTRESS DV CONTRACT	NATE CITIZENE		
a. Federal		15,0	00.00	1	2372 PROCESS?	O REVIEW BY STATE E	CXECUTIVE		
b. Applicant			0.00			TION/APPLICATION WAS ORDER 12372 PROCESS	S MADE AVAILABLE TO S FOR REVIEW ON:		
c. State			0.00		DATE®	L-05			
d. Local			0.00	b. NO.	☐ PROGRAM IS N	OT COVERED BY E.O. 1	2372		
e. Other			0.00		OR PROGRAM	HAS NOT BEEN SELECT	ED BY STATE FOR REVIEW		
f. Program Income			0.00	17. IS APPLI	CANT DELINQUENT	ON ANY FEDERAL DEI	BT?		
g. TOTAL		15,0	5,000.00				□ No		
	BEEN DULY A	UTHORIZ	ED BY T	HE GOVERNI			E TRUE AND CORRECT, PPLICANT WILL COMPLY		
a. Typed Name of Authori	zed Representat	ive			b. Title		c. Telephone Number		
Jose Ramirez					City Manager		(559) 659-2043		
d. Signature of Authorized	Representative	4					e. Date Signed		
Towns	1	-ecnible	Jugaren				04-07-05		

Previous Editions Usable

FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/11/05)	Applicant Iden	tifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED		State Applicat	ion Identifier			
☐ Construction	☐ Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identi	fier			
Non-Construction	Non-Construction			İ				
5. APPLICANT INFORMATION Legal Name:			10		40			
			Organizational Unit					
County of Fresno Organizational DUNS:			Department of Public	Department of Public Works and Planning				
078787397 Address:			Division: Community Develop					
Street:	**************************************		Name and telephon involving this applic	e number of pe cation (give are	rson to be contacted on matters			
2220 Tulare Street, 8th Floor			Prefix:	First Name:	u 00u0,			
City: Fresno			Middle Name	IIIIIa				
County: Fresno		****	Last Name Yepez-Perez					
State: CA	Zip Code 93721		Suffix:	***************************************				
Country:	93721		Email:					
U.S.A. 6. EMPLOYER IDENTIFICATION	N NIIMPED (EIAI):		iyperez@co.fresno.c		-			
	NOWIDER (EIIV).		Phone Number (give a	irea code)	Fax Number (give area code)			
94-6000512			(559) 262-4292		(559) 488-3940			
8. TYPE OF APPLICATION:	[] ^{***} 1		7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)			
√ New If Revision, enter appropriate letter Propried	er(s) in box(es)	Revision	B County					
(See back of form for description	of letters.)	П	Other (specify)					
Other (specify)			9. NAME OF FEDER U.S.D.A. Rural Devel	AL AGENCY: opment				
10. CATALOG OF FEDERAL D	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PROJECT:				
Housing Preservati	on Grant	1 0-4 3 3	Owner-Occupied Hou	using Rehabilitat	ion Project in rural Fresno County			
TITLE (Name of Program):					•			
12. AREAS AFFECTED BY PRO	O.IECT /Cities Counties	States etc.):						
Fresno County unincorporated ru		otales, etc.).						
13. PROPOSED PROJECT			44 CONCRESSION	14. CONGRESSIONAL DISTRICTS OF:				
Start Date:	Ending Date:	,	a. Applicant	AL DISTRICTS (b. Project			
10/1/05	9/30/07		18, 19, 20, 21		18, 19, 20, 21			
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE			
a. Federal \$		92,108			APPLICATION WAS MADE			
b. Applicant \$		00		S FOR REVIEW	TE EXECUTIVE ORDER 12372 ON			
c. State \$		92,108	DATE: M	lay 10, 2005				
d local	A STATE OF THE STA	00		•				
d. Local	RECEIVE	ED I	b. No. 🔳 PROGRA	M IS NOT COVI	ERED BY E. O. 12372			
e. Other	B Brones Sayer Bureau H we com	. 00	OR PROC		BEEN SELECTED BY STATE			
f. Program Income	MAY 1 3 20	05 .~			IT ON ANY FEDERAL DEBT?			
g. TOTAL \$		101184-216	☐ Yes If "Yes" attach	an explanation	V No			
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS A	PPI ICATION/PREAPRI I	CATION ARE TI	DITE AND CORRECT THE			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	TOTHORIZED BY THE	SOVERNING BODY O	F THE APPLICANT AND	THE APPLICAN	T WILL COMPLY WITH THE			
a. Authorized Representative	TIE AUGISTANCE IS AV	VARDED						
	First Name Cecil	110	Middle	Name				
Last Name Leonardo			Suffix					
o. Title Interim Director, Department of P	Public Works and Plannin			ohone Number (give area code)			
I. Signature of Authorized Repres	entative		- D-4-	262-4078 Signed				
•	(lei	Longia	May 1	0, 2005				

APPLICATION FOR

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE	-	2. DATE SUBMITTE	D	Applicant Id	Version 7/0	
1. TYPE OF SUBMISSION:		May 9, 2005	DV OT ARE			
Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applic	ation Identifier	
☐ Construction	☐ Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ider	itifier	
Non-Construction	Non-Construction	,				
5. APPLICANT INFORMATION	1					
Legal Name:			Organizational Un Department:	it:		
County of Orange			Housing and Comm	nunity Services I	Department	
Organizational DUNS: 073507670		and the second form of the second decision of the second o	Division: Housing Finance ar	nd Policy		
Address:	DECI	DOMEST AND ASSESSMENT OF THE PARTY OF THE PA			person to be contacted on matters	
Street:	I MEV	The same of the sa	involving this app	ication (give a	rea code)	
1770 North Broadway	NAN I	(9 102	Prefix: Ms.	First Name: Paula		
City: Santa Ana	IVIAT	L 0 (30)	Middle Name K.			
County: Orange	STATE CLE	ARING HOUSE	Last Name Burrier-Lund			
State: CA	Zip Code 92706	A CONTRACTOR OF THE PROPERTY O	Suffix:			
Country: USA	1 92/00		N/A Email:			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)		Phone Number (give			
	, ,			area code)	Fax Number (give area code)	
95-6000928 8. TYPE OF APPLICATION:			(714) 480-2805		(714) 480-2803	
Nev	w Continuation		7. TYPE OF APPLI	CANT: (See ba	ck of form for Application Types)	
If Revision, enter appropriate let	ter(s) in box(es)	n 🗌 Revision	В.			
(See back of form for description	of letters.)		Other (specify)		•	
Other (specify)		9. NAME OF FEDE U.S. Department of	RAL AGENCY: Housing and Ur	ban Development		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:	
TITLE (Name of Program): Emergency Shelter Grant		14-231	Homeless Assistan	ce Act of 1987,	Grant authorized by McKinney-Vento Title IV. Activities include funding for for essential services, operations,	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):	and stanning.			
Orange County 13. PROPOSED PROJECT			44 000000000000			
Start Date:	Ending Date:		a. Applicant	IAL DISTRICTS	b. Proiect	
July 1, 2005	June 30, 2006		40, 42, 44, 46, 47, 4		40, 42, 44, 46, 47, 48	
15. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE	
a. Federal \$	•	169,412	Vac II THIS PI	REAPPLICATIO	N/APPLICATION WAS MADE	
b. Applicant \$		109,412	AVAILA	BLE TO THE S' SS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON	
c. State \$		00				
		00		May 9, 2005		
d. Local \$		• .	D. 140. Jane		VERED BY E. O. 12372	
e. Other \$ Reprogrammed		3,285	OR PRO	OGRAM HAS NO	OT BEEN SELECTED BY STATE	
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		172,697	Yes If "Yes" atta	ch an explanatio	n. 🖾 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	ALL DATA IN THIS A	PPLICATION/PREAPPL	ICATION ARE	TRUE AND CORRECT. THE	
a. Authorized Representative Prefix	First Name		Middl	e Name		
Prefix Ms. Last Name	First Name Paula		K.			
Burrier-Lund			Suffix			
b. Title Director	<i>0</i>		c. Tel (714	ephone Numbe 480-2805	(give area code)	
d. Signature of Authorized Repre	sentative			te Signed	19/05	
Previous Edition Usable				<i></i>	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproductio	n				Prescribed by OMB Circular A-102	

The state of the s	A MANAGE AND	,
REC	EVE)
MAY]	3 2005.	

Standard Form 424 (Rev.9-2003)

Prescribed by OMB Circular A-102

Version 7/03 **FEDERAL ASSISTANCE** 2. DATE SUBMITTED Identifier CLEARING HOUSE Applicant May 9, 2005 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application-Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY O Construction Federal Identifier ☐ Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Legal Name: Organizational Unit: Department: Housing and Community Services Department County of Orange Organizational DUNS: 073507670 Division: Housing Finance and Policy Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) Prefix: Ms. First Name: Paula 1770 North Broadway City: Santa Ana Middle Name County: Last Name Burrier-Lund Orange State: Zip Code 92706 Suffix: N/A Email: paula.lund@hcd.ocgov.com 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) 95-6000928 (714) 480-2805 (714) 480-2803 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) New New ☐ Continuation □ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for Community Development Block Grant funding for 1 4-2 1 8 FY 2005-2006 . Activities include public improvements, housing TITLE (Name of Program): Community Development Block Grant rehabilitation, acquisition of real property, and staffing. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: **Ending Date:** a. Applicant 40, 42, 44, 46, 47, 48 b. Project July 1, 2005 June 30, 2006 40, 42, 44, 46, 47, 48 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal CDBG THIS PREAPPLICATION/APPLICATION WAS MADE a. Yes. 🛛 5,152,927 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON c. State DATE: May 9, 2005 d. Local PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 🔲 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE Reprogrammed 1,089,269 FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 550,000 g. TOTAL Yes If "Yes" attach an explanation. 6,792,196 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Paula Middle Name Last Name Burrier-Lund Suffix b. Title Director Telephone Number (give area code) (714) 480-2805 d. Signature of Asside is ed Representative e. Date Signed Previous Edition Usable

APPLICATION FOR

Authorized for Local Reproduction

APPLICAT				2. DATE SUBMITTE)		Омв Арргочы на. изав-ос		
FEDERAL	<u>A</u> SSIST	ANCE					Applicant Identifier N/A.		
1. TYPE OF SUB Application	MISSION	Prea	plication	3. DATE RECEIVED I	STATE VE		Siate Applicant identifier N/A		
Constructio	n	□ C ₁	onstruction	4. DATE RECEIVED	Y FEDERAL	AGENCY	Federal Identifier		
⊠ Non-Conetr	uction	⊠ No	n-Construction				. I dasidi jagininai	N/A	
5. APPLICANT IN	FORMATION	1							
Legal Name: Suc	ramento Col	unty Sho	riff's Department		Organizational Unit: Technical Services				
Organizational DU	NS: 14-24	-2319			Division:		Cal-ID	\	
Address (give city			code);			d telephone	number of person to be contact		
1	treet, 4th F		PECE	EIVED	application	in (glve eret	ode)	ad on matters involving this	
	ento, CA 9				Name: Jennifer Griffin				
Direct apple	unii, ua j	3014	MAY 1	3 2005	Phone:				
			MILL		916-874-1625				
6. EMPLOYER ID	ENTIFICATIO	ON NUMB	ERGENDTE CLE	ARING HOUSE	7. TYPE	OF APPLIC	ANT: (enter appropriate letter	in box) B	
		00529	STATE OF		A. SI		H. Independent School		
					B. C.			elitution of Higher Leaming	
6. TYPE OF APPL	ICATION:				1	unicipal	J. Private University		
	⊠ N	low	☐ Continuation	☐ Revision	I _	wnship tar state	K. Indian Tribe L. Individual		
						lermunicipal	M. Profit Organization		
If Revision, enter a					G. Sp	oolal Distric	N. Other (Specify)		
A. Increase Awa	_	B. Decrea		crease Duration					
D. Decreuse Du	ration (Other (spe	ecity):		9. NAME	OF FEDER	AL AGENCY:		
						Office	Department of Just		
40 000000000000000000000000000000000000							of Community Oriented Po	•	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESC	RIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:			
1 8 7 1 0				Fund	s will be used for pha	ase III of a multi-			
TITLE: 2005 To		_					implementation plan		
12. AREAS AFFECTE				•	four county Integrated Biometric				
Cities, Counti	es, State,	Feder	al_		Identification System (IBIS) project				
13. PROPOSED P	ROJECT:		14. CONGRESSIO	NAL DISTRICTS OF	:	3 and	5		
Slart Date	Ending Date	•	a. Applicant	***************************************		roject			
12/08/2004	12/07/20	005	Sacra	mento County	y Sheriff's Department IBIS 2005				
16. ESTIMATED FL	INDING								
a. Federal	JILDING.						TION SUBJECT TO REVIEW B	Y STATE EXECUTIVE	
		S		246661.00					
b. Applicant		s			1		PREAPPLICATION/APPLICAT		
		20		.00		PRO	ILABLE TO THESTATE EXECU CESS FOR REVIEW ON:	TIVE ORDER 12372	
D. Stale		\$.00.					
						DATI	5/13/05		
d. Local	1	\$.00.					
e. Other					b.	. NO. 🗆	PROGRAM IS NOT COVERED) BY E,O, 12372	
e. Ollier		\$.00	1		OR PROGRAM HAS NOT BEE	N SELECTED BY STATE	
f. Program Income		5					FOR REVIEW		
		Φ		.00,	17 15	THE ADDI	CAMT DELINOUENE ON AND		
g. TOTAL		\$		00,	─ ‴ c	Yee	ICANT DELINQUENT ON ANY If "Yes," attach an explanation.	PEDERAL DEBT?	
19. TO THE BEST OF	MY KNOWLED	GEAND BI	ELIEF, ALL DATA IN T	HIS APPLICATION/PER	APPLICATION	V ARP TRILE	AND CORRECT, THE DOCUMENT	MAR BEEN	
a. Typed Name of A					THE ATTACH	4ED ASSURA	AND CORRECT. THE DOCUMENT NCES IF THE ASSISTANCE IS AWA	MAS BEEN DULY AUTHORIZED	
Lou Blanas				Sheriff				c. Telephone number 916-874-8444	
d. Signature of Author	orized Repres	enlativo	7					e. Date Signed	
	1 /	//						1	
Previous Editions Usfable	of fe		utharing that is					2/13/05	
- Table		,	uthorized for Local Rej	DIDGRADON	Standard	Form 424 (RI	EV. 4-82)	Prescribed by OMB Circular A-10	

FEDERAL ASSISTAN	12. DATE SUBMIT		2. DATE SUBMITT	TED Applicant Identifier			entifier	
TEDERAL ASSISTAT								
1. TYPE OF SUBMISSION:			3, DATE RECEIVED BY STATE			State Applic	ation identifier	
Application	Preapplic		<u> </u>			<u> </u>		
Construction	1	truction	4. DATE RECEIVE	BY FEDERA	L AGENCY	Federal lawn	nifier	
Non-Construction	☐ Non-	Construction						
5. APPLICANT INFORMATION				Organizatio	onal Unit:			
* Legal Name: Northern Valle	y Catholic S	Social Service, Inc.		Department: Housing				
* Organizational DUNS: 146491340				Division: Private Non-Profit				
Address:			lephone numb on (give area		be contacted on matters involving			
* Street1: 2400 Washington Av	иепие			Prefix: Mrs		irst Name: B	nhhi	
Street2:								
City: Redding	; c	ounty Sheata		Middle Name		M I PROVINCE		
State: CA • Zip 0	Code: 9600)1 Cour	ntry USA	* Last Name		Email: beaut	elle@nvcss.org	
6. * EMPLOYER IDENTIFICATIO	N NUMBE	R I7FINI		Suffix:		1.,	ax Number (give area code)	
20-0984601	NA NOMBE		EIVED	530-247-331	nber (give area		30-247-3323	
1110				<u> </u>			11 · 11 · 11 · 11 · 11 · 11 · 11 · 11	
8. TYPE OF APPLICATION:	laa 🗔	Revision MAY 1	2 2005			r: <u>Non-P</u>	rullu	
New Continuat		l l		Other (specif	V 1			
If Revision, enter appropriate letter A. Increase Award B. Decresse Award		STATE CLEA	ARING HOUSE	A * NAME C	F FEDERAL	AGENCY:		
D. Decrease Duration Other (specify):		case Diration	A STATE OF THE PARTY OF THE PAR	l		and Urban D	evelonment	
		OCIOTANIOE	14,181	11				
10. CATALOG OF FEDERAL DO		5313 I ANCE	14,161				ANT'S PROJECT:	
TITLE: Supportive Housing for Per	sans with D	laabilliles		This project will provide fourteen (14) units of permanent supportive housing for individuals with a severe and persistent mental illness.				
12. * AREAS AFFECTED BY PR	OJECT	(Cifies, Counties, Status, etc.	e1:	inoosing to	INDIAIGNUS AN	(() E 364616 Q()	g portuitant monte mossor	
Redding, Shasta, California				·				
13. * PROPOSED PROJECT:	-			14. * CONGRESSIONAL DISTRICTS OF:				
* Start Date		* Ending Date		* a. Applicar	nt		* b. Project	
05/01/2007		03/30/2008		Califo	rnia 2	nd	Callfornia 2nd	
15, * ESTIMATED FUNDING:							EVIEW BY STATE EXECUTIVE	
* a. Federal	s	1,615,116	.00		72 PROCESS : Preapplica		TION WAS MADE AVAILABLE TO	
* b. Applicant	s	0	.00				PROCESS FOR REVIEW ON:	
1 c. State	s _	0.	.00	<u> </u>	ES DATE	05/13/2	005	
* d, Lacal	\$	400,000	.00] b. 🗀 F	ROGRAM IS N	NOT COVERED	BY E.O. 12372	
e. Other	s	0	.00		R PROGRAM	HAS NOT BEE	N SELECTED BY STATE FOR REVIEW	
1. Program Income	S	0	.00	17. IS THE A	APPLICANT D	ELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL \$. 22:51:6.00 Yes				Yas Yas	If "Yes," alta	ach an explan	ation.	
18. TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, AND THE API	ALL DATA IN THIS APPLICANT WILL COMPL	PLICATION/PREAPPLICA Y WITH THE ATTACHED	ITION ARE TRUE TI EBONARUESIF	AND CORRECT. THE ASSISTANC	THE DOCUMENT CE IS AWARDED.	T HAS BEEN DULY AUTHORIZED BY THE	
a. Authorized Prefix: Mrs.		First Name: Jan			Middle N	lame Ann		
Representative Last Name:	Maurer \	Walkins				Sı	uffix:	
' b. Title: Executive Director			* c. Tele	phone Number	(give area co	ode): 530-241		
* Email: jmaurer-watkins@nvcs	ss.org		Fax Num	nber (give area	a cade): .	530-24	7-3354	
d. Signature of Authorized Repres	entative:	Bullaur	Wahi		e, Date S	igned: 5	12/05	

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APPLICATION FOR						Version 7/03
FEDERAL ASSISTANCE	E	2. DATE SUBN May 12, 2005	AITTED		Applicant Iden R-9 Tracking #	ltifler ¥05–167
1. TYPE OF SUBMISSION:	T	3. DATE RECE	IVED BY	STATE	State Applicati	
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGEN		FENERAL AGENCY	/ Federal Identif	lier
Construction	Construction	4. DATE RECEIVED BY TESENAL ASS				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				,	
Legal Name:		/#*** t#***		Organizational Un	it:	
Bighorn Desert View Water Age	ancy			Department: Administration Dep	artment	makes that 1.27
Organizational DUNS:				Division:		•
620 778 340 Address:	S V. F	- F	M Marian	Name and telepho	ne number of pe	rson to be contacted on matters
Street:	RECEIV	EU		Involving this app	lication (give are	a code)
622 S. Jernez Trail	•			Ma.	Jessica	
City: Yucca Valley	MAY 1 2 2	נטטי – ד		Middle Name		
County:				Last Name		1
San Bernardino	STATE CLEARING	3 HOUSE		Tiffany Suffix:		
State: CA	92284				-	
Country: USA				Email: BDVWA@MINDSI	PRING.com	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			Phone Number (glv	e area code)	Fax Number (give area code)
95-3161447	7			(760) 364-2315		(760) 364-3412
8. TYPE OF APPLICATION:				7. TYPE OF APPL	ICANT: (See back	k of form for Application Types)
₽ Ne		n Revis	ion	N. Other - Water A	gency	
If Revision, enter appropriate le (See back of form for description		Other (specify) Special Act Agency greated in California in 1989				
9. NAME OF FEDERAL AGE					RAL AGENCY:	
Amendment #1			Environmental Pro		CANT'S PROJECT:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN			Water Master Plan		OAN TO THE STATE OF THE STATE O
		66-6	0 8	Anatel Mearer Line		•
TITLE (Name of Program):						
12. AREAS AFFECTED BY PI	ROJECT (Cities, Countle	s, States, etc.):				!
BDVWA (Johnson Valley, Land	ders,Flamingo Heights) S	an Bernardino C	aunty, CA			
13. PROPOSED PROJECT		AI va-		14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date: July 1, 2005	Ending Date: September 30, 2006)		CA 41st Lewis		CA 41at Lawis
15. ESTIMATED FUNDING:		(-)-				REVIEW BY STATE EXECUTIVE
a. Foderal	h	<u></u>	10	a. Yes. THIS	PREAPPLICATION	NAPPLICATION WAS MADE
		96,200	11)	AVAIL	ABLE TO THE ST. ESS FOR REVIEV	ATE EXECUTIVE ORDER 12372
b. Applicant) 	38,709				. 012
c. State	3		10.		May 12, 2005	
d. Local	6	•	KI .	D. NO. 11 1	-	/ERED BY E. O. 12372
e. Olher	<u> </u>	40,000	M		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income	\$		JO "	17, IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	5	174,909	n ·		ach an explanation	
18. TO THE BEST OF MY KN	OWLEDGE AND BELIE	ALL DATA IN	THIS APP	LICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE NOT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF			BOUT OF	INE APPLICANT A	NO THE AFFERDA	
a. Authorized Representative			/-	Mala	dle Name	11/4
Brefix Mr.	First Name Tom			E.		
Laat Name Shollenberger	~~~	2/1		Suf		(Alter group godd)
b. Title General Manager		1 1 10	A		elephone Number (0) 364-2315	(give area code)
d. Signature of Authorized Rep	oresentative T	Seller	berg		late Slaned	12-05
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PAGE 02/02

APPLICATIO	V EOR		2. DATE SUBMITTED	-		OMB Approval No. 0348-0043
FEDERAL AS	SISTANC	E	5/15/05		Applicant Identifier	N/A
TYPE OF SUBMIS Application	ı	9a <i>pplication</i>	3. DATE RECEIVED B	YSTATE	State Applicant Identifier	N/A
Construction		Construction	4. DATE RECEIVED B	FEDERAL AGENCY	Federal Identifier	
☑ Non-Construction	on 🗵	Non-Construction	== -			٧/٨
5. APPLICANT INFO	MATION					
Legal Name: ICIS JP.	A			Organizational Unit:		
Organizational DUNS;	18-759	-6528		Division:		
Glendale, 6. EMPLOYER (DENT	roadway CA 91206	, Suite 200	EIVED	Phone: (818) 7. TYPE OF APPLIC	in Ray Edey	
80-0113615		YAM	1 2 2005	A. State B. County	H. Independent School	
8. TYPE OF APPLICATION OF A PPLICATION OF A PP	⊠ New priate letter(s) li	box(es):	EARING HOUSE Revision	C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	J. Private University K. Indian Tribe L. Individual I M. Profit Organization	stitution of Higher Learning
D. Decrease Duratio		(specify):	TOTALDE DOTATION	9. NAME OF FEDER	IAL AGENCY:	
					Department of Justi of Community Oriented Po	
10. CATALOG OF FET	ERAL DOMES	TIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJE	CT:
TITLE: 2005 Techn 12. AREAS AFFECTED B' LOS ANGELES	PROJECT (CIU		7 1 0	Regional Public Sa	Interoperable afety Communicatio	ons System
13. PROPOSED PROJ	ECT:	14. CONGRESSI	ONAL DISTRICTS OF:			
Start Date En	ding Date	a. Applicant		b. Project		
1.2/08/2004	12/07/2005	A ± B: 26	, 27, 28, 29	, 30, 31, 33	, 36, 38	
15. ESTIMATED FUND	ING:				TION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal	\$		493,322.00	ORDER 123	72 PROCESS?	
b. Applicant	s		.00.	AVA	S PREAPPLICATION/APPLICAT AILABLE TO THESTATE EXECU DCESS FOR REVIEW ON:	
c. State	s.		.00	DAT	TE 5-12-05	
d. Local		_	.00,	b. NO, 1	PROGRAM IS NOT COVERED	DRYE O 12272
e. Other	#		.00		OR PROGRAM HAS NOT BEE	
f. Program Income	\$	and the second s	.00		FOR REVIEW	
g. TOTAL	\$		93.322 .00	☐ Yes	LICANT DELINQUENT ON ANY If "Yes," attach an explanation.	🔀 Na
18. TO THE BEST OF MY K BY THE GOVERNING BODY	NOWLEDGE AND OF THE APPLIC	BELIEF, ALL DATA IN ANT AND THE APPLICA	THIS APPLICATION/PRE	APPLICATION ARE TRUE THE ATTACHED ASSUA	AND CORRECT. THE DOCUMENT ANCES IF THE ASSISTANCE IS AWA	HAS BEEN DULY AUTHORIZED
YP TEING OF MERIO	used webieseu	lative	b. Title		AVV	c. Telephone number
Frank Salcond. Signature of Authorize	d Representativ	/e	Chai	тшап		310-285-2107 e. Date Signed
avious Edilions Usable		Authorized for Local Re	aproduction	Standard Form 424 /r	NEW AAA	

Applicant Identifier

APPLICATION FOR		2. DATE SUBMITTED May 11, 2005	1 . · · · · · · · · · · · · · · · · · ·					
FEDERAL ASSIST	FANCE							
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED I	BY STATE		State App	lication Identifier		
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED I	BY FEDER	RAL AGENCY	Federal Id	lentifier		
5. APPLICANT INFORMAT Legal Name:	ION		Organiza	ational Unit:				
City of Rialto	FW-gramma-		Departm					
		N. H. D.	Public V					
Organizational DUNS: 083583849	MECE	:IVED	Division Utilities					
Address: 335	MAY 1 2 2005			Name and telephone number of person to be contacted on matters involving this application (give area code)				
Street: West Rialto Avenue	STATE CLEAR	INCHOUSE	Prefix: Mr.			First Name: Peter		
City: Rialto	Considerate and the constitution of the consti	TIVG HOUSE	Middle Name: Jon					
County: San Bernardino Coun	ty		Last Nat	me:				
State: CA	Zip Code: 92	376	Suffix: N/A					
Country: United States of Ame	erica		Email:	altoca.gov				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000768				lumbeт (give area co	de)	Fax Number (give area code) (909) 421-7210		
8. TYPE OF APPLICATION:			7. TYPI	E OF APPLICANT:	(See back of	of form for Application Types)		
New				C. Municip	al Applicar	nt		
(See back of form for description of feters.)				pecify)				
Other (specify)				E OF FEDERAL AC				
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DES	SCRIPTIVE TITLE	OF APPLIC	CANT'S PROJECT:		
TITLE (Name of Program): Co	66-6		Water Infrastructure Improvements – Ion Exchange System Resin Replacement.					
12. AREAS AFFECTED BY City of Rialto	PROJECT (Ciffes, Coun	ties, States, etc):						
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:					
Start Date: July 15, 2005	Ending Date: To Be Determ		a. Applicant b. Project 42 nd – Joe Baca, U.S. Congressman 42 nd – Joe Baca, U.S. Congressman					
15. ESTIMATED FUNDING:		mico	42 nd – Joe Baca, U.S. Congressman 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
	4,300.00					/APPLICATION WAS MADE JTIVE ORDER 12372 PROCESS FOR		
b. Applicant \$23 c. State \$0	0,700				TE EXEC	OTIVE ORDER 12372 PROCESS FOR		
d. Local \$0 e. Other \$0			REVIEW ON DATE: 5-11-2005 b. No PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR					
f. Program Income \$0			REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
18. TO THE BEST OF MY K	JLY AUTHORIZED BY	THE GOVERNING BOD	IS APPLIC	If "Yes" attach an ex ATION/PREAPPLI E APPLICANT ANI	CATION A	⊠ No RE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE		
a. Authorized Representative	4 Nome			Middle Name				
Prefix Firs Mr. Her	st Name nry	·		T.				
Last Name Garcia				Suffix N/A	1	1.)		
b. Title City Administrator		y.		c. Telephone Nun (909) 820-2689	nber (give a	rea code)		
d. Signature of Authorized Rep	presentative	- I have some the construction		e. Date Signed	e/ule	8		
Previous Edition Usable	-			May 11, 2005	2 1°W	Standard Form 424 (Rev. 9-2003)		

2. DATE SUBMITTED

FEDERAL ASSISTANCE	<u>.</u>	2. DATE SUBMITTED	= 1	<i></i>	I Annilland Ida	Version 7/03	
			<u>5/10/</u>	05	Applicant Iden		
1. TYPE OF SUBMISSION: Application	Pro-application	3. DATÉ RECEIVED BY			State Applicat	ion IdenIIfler	
M Construction	Construction	4. DATE RECEIVED BY	FEDERA	L AGENC	Y Federal Identi	fler	
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name			10-00-1	national III	-15.		
	h= h1=		Departn	t <mark>ational U</mark> i nent.	nic.		
Organizational DUNS:	to Housing and Redevelo	opment Agency	Development Services				
007973	590		Division:				
Addross: Street:			Name a	nd teleph	one number of pe	rson to be contacted on matters	
Sireet:	RECEIV	En	Prefix:	ig this ap	First Name:	a code)	
630 Street	· · · · · · · · · · · · · · · · · · ·			Мг		Jim	
City: Sacramento	MAY 1 1 20	105	Middle	Vame			
County: Sacramento		705	Lest Ne	тте На	ra .		
	SUDACIONE LEVELINO		Suffix:	7 100			
CA Country:	STRAPPE CLEARING	HOUSE	Email:		******		
United States	The state of the s	Control March State Control	Email.	jhare	@shra.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone I	Number (gl	ve area code)	Fax Number (give area code)	
94-6000759]		(916) 4	40-1313		(916) 442-6736	
8. TYPE OF APPLICATION:			7. TYPE	OF APPL	ICANT: (See bac	k of form for Application Types)	
Ø Nev	v Continuation	n 🔲 Revision					
If Revision, enter appropriate lett (See back of form for description	of letters.)	/····3	Other (st	pecify)			
			Redevelopment Agency B. NAME OF FEDERAL AGENCY:				
Other (specify)			9. NAM	E OF FEDI	ERAL AGENCY:		
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DES	CRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program).			Globe N	Allis Adapti	ve Reuse Project		
12. AREAS AFFECTED BY PR	ection 108 Loan Program OJECT (Cities, Counties		\dashv				
Sacramento, Sacramento Cou	,	, 6.4					
13. PROPOSED PROJECT		Address Afficial review and review and address Afficial and Afficial a	14. CON	IGRESSIC	NAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applic	cant	······································	b. Project	
November 2005 15. ESTIMATED FUNDING:	June 2	2008	18 IS A		th, and 11th	Sth REVIEW BY STATE EXECUTIVE	
				12372 PR	OCESS?		
a. Federal \$		7,500,000	a. Yos.	Z THIS I	PREAPPLICATION ABLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		1 450 000			ESS FOR REVIEW		
HOME funds c. State 5		1,450,000 w	-	DATE:	5-06-0	75	
		,,,,	_				
d. Local \$ Tax Increment		3,570,000	b. No.	PROG	RAM IS NOT COV	ERED BY E. O. 12372	
e Olher \$		15,900,000	1	1		T BEEN SELECTED BY STATE	
Developer I. Program Income \$				FORF	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
		(4)	1			,	
g. TOTAL \$		28,420,000	☐ Yee	if "Yes" att	ach an explanation	o. 🖾 No	
18. TO THE BEST OF MY KNO							
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1			INE APP	LICANTA	ND THE APPLICA	MI WILL COMPLY WITH THE	
a. Authorized Representative	,.			ha:			
Prefix Ms.	First Name Anne			Mid	dle Name M.		
Last Name Moore				Suf	ĺχ		
b. Title				c. T	elephone Number	(givo area code)	
Executive Directo					(916) 440-1319	·- r	
d. Signature of Just prized Ropro	SOURTH AND STATE OF THE STATE O	- Unit			ate Signed 5-6-05		
Previous Edition Usable	_					Standard Form 424 (Rev.9-2003)	
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4								
APPLICATION FOR					Version 7/03			
FEDERAL ASSISTANCE		2. DATE SUBMITTED	5/9/05	Applicant Iden	Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Applicat	ion Identifier			
Application	Pre-application	4. DATE RECEIVED BY	Y FEDERAL AGENCY	AGENCY Federal Identifier				
Construction	Construction							
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:			Organizational Uni	t:				
California Poultry Industry Feder	ration Inc.		Department:					
Organizational DUNS:								
Address:	MA:	Y 1 1 2005	Name and telephor	ne number of pe	rson to be contacted on matters			
Street:	"	T T CO02	Prefix:	First Name:	cation (give area code) First Name:			
3117 A McHenry Ave.	STATIS	· EADING HOUSE	Mr.	Bill				
City: Modesto	OTATEC	LEARING HOUSE	Middle Name					
County: Stanislaus			Last Name Mattos					
State: CA	Zip Code 95350		Suffix:	Suffix:				
Country: USA	<u> </u>		Email: califpoultry@cs.com	Law Number (sing gross code)				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)			
95-1889524			209-576-6355		209-576-6119			
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)			
☑ New	Continuati	on Revision	Non profit trade orga	anization				
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)					
Other (specify)			9. NAME OF FEDER	RAL AGENCY:	-			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:			
IU. GATALOG OF TEDERAL	, 		California Poultry A	vian Influenza "B	ird Flu" Prevention & Education			
TITLE (Name of Program):			Program					
•								
12. AREAS AFFECTED BY PRO								
Stanislaus, San Joaquin, Merce	d, Madera, Fresno, Pe	taluma & Los Angeles	14. CONGRESSION	IAI DISTRICTS	OE:			
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	AL DISTRICTO	b. Project			
July 1, 2005	December 31, 200	5	118		6, 11, 18, 19, 20, 21 & 34 REVIEW BY STATE EXECUTIVE			
15. ESTIMATED FUNDING:			ODDED 12372 DDO	CESS?				
a. Federal \$	Andrew Committee	50,000	a. Yes. AVAILA	REAPPLICATION BLE TO THE ST	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372			
b. Applicant \$		25,000		ESS FOR REVIE	W ON			
c. State \$ Extension		5,000	DATE:		#DED BY E O 40070			
d. Local \$		10,000	D. NO. 111		ÆRED BY E. O. 12372			
Industry Veterinarians e. Other \$. 00	☐ FOR RE	=VIFW	T BEEN SELECTED BY STATE			
f. Program Income \$.00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?			
g. TOTAL \$.00	☐ Yes If "Yes" atta	*				
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY TH	E GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AN	ICATION ARE T D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE			
a. Authorized Representative			la av s	U. Nome				
Prefix Mr.	First Name Bill	~ · · · · · · · · · · · · · · · · · · ·	Midd	lle Name				

d. Signature of Authorized Representative

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Last Name Mattos

b. Title President

> Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Suffix

e. Date Signed

c. Telephone Number (give area code) 209-576-6355

APPLICATION FOR FEDERAL ASSISTANCE	E		2. DATE SUBMITTED		Applicant Ide	Version 7/0
1. TYPE OF SUBMISSION:	T		3. DATE RECEIVED E	BY STATE	03-06-0047 State Applica	ation Identifier
Application	Pre-applic					
Construction	Constr		4. DATE RECEIVED E	BY FEDERAL AGE	NCY Federal Iden	tifier
Non-Construction 5. APPLICANT INFORMATION	☑ Non-Co J	nstruction				
Legal Name:				Organizationa	Unit:	
County of Tuolumne		The same of the sa	FI MONO SE-MICHELY MATERIAL PROPERTY AND ADMINISTRATION OF THE PARTY AND ADMINISTRATION OF THE	Department: Airport		
Organizational DUNS:		RE	CENTER	Division:		
155702160 Address:		E G Browns	VEIVED	Columbia Airpo		erson to be contacted on matters
Street:		MΔ	Y 1 1 2005	involving this	application (give ar	ea code)
10723 Airport Road			, * * 7002	Prefix: Mr.	First Name: James	
City: Columbia		STATE C	LEARING HOUSE	Middle Name E.		
County: Tuolumne	A.	ACCRECATE A SECRET PROST PRODUCES (NATIONAL)	Construction in the second of the private configuration recognition in the second of t	Last Name Thomas		
State: California	Zip Code 95310			Suffix:		
Country: United States	1 50010			Email:		
6. EMPLOYER IDENTIFICATION	N NI IMPER	/EINI\·		jthomas@co.tu		
	_	· (LIIV).		Phone Number 209 533 5685	(give area code)	Fax Number (give area code)
9 4 - 6 0 0 0 5 4 7 8. TYPE OF APPLICATION:	<u> </u>		***			209 533 5657
8. TYPE OF APPLICATION:	M	Continuation		7. TYPE OF AP	PLICANT: (See bad	ck of form for Application Types)
If Revision, enter appropriate lett	ter(s) in box(n Revision	В		
(See back of form for description	of letters.)	П	П	Other (specify)		
Other (specify)				9. NAME OF FE Federal Aviation	DERAL AGENCY: Administration	
10. CATALOG OF FEDERAL I	DOMESTIC A	ASSISTANC	E NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PR	OJECT (Citi	es, Counties	2 0 – 1 0 6 s, States, etc.):	Update of the C	olumbia Airport Layo	out Plan and Airport Layout Drawing
Tuolumne County, California						
13. PROPOSED PROJECT					SIONAL DISTRICTS	OF:
Start Date: July, 2005	Ending D October			a. Applicant 19th		b. Project 19th
15. ESTIMATED FUNDING:				16. IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$			00	ORDER 12372 F	ROCESS?	N/APPLICATION WAS MADE
			33,250 ·	a. 103. 1 AVA	VILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$			87 .30	PRO	DCESS FOR REVIE	W ON
c. State \$			1,663	DAT	E:	
d. Local \$	***************************************		0 .	b. No. 🔽 PRO	OGRAM IS NOT CO	/ERED BY E. O. 12372
e. Other \$			0 .00		PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$			0 .	17. IS THE APP	R REVIEW LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	***************************************		00		attach an explanatior	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AI	ND BELIEF,	35,000 ALL DATA IN THIS AF	PLICATION/PREA	PPI ICATION ARE 1	TRUE AND CORRECT THE
ATTACHED ASSURANCES IF T	THE ASSIST	ANCE IS AV	WARDED.	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name			Ia.	liddle No	
Prefix Mr.	James				liddle Name E.	
Last Name Thomas			(1) (1) (E) (E)		uffix	
b. Title Airports Director		A			Telephone Number 209 533 5685	(give area code)
d. Signature of Authorized Repre-	sentative	MES	HomA	>>/e	Date Signed	
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Authorized for Local Reproduction	n					Prescribed by OMB Circular A-102

ADDI ICATION EOD					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTE May 11, 2005	D	Applicant ident	ifler 05-214
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application	
Application	Pre-application	4. DATE RECEIVED	BY FEDERAL AGE	NCY Federal Identifi	er
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizationa	I Unit:	
City of Brea		The second secon	Department: Development S	ervices Department	
Organizational DUNS: 0405	16791 HEC	EIVED I	Division: Administration		
Address:			Name and tele	phone number of per application (give are:	rson to be contacted on matters
Street: 1 Civic Center Circle	MAY 1	1 2005	Prefix:	First Name:	- Coue,
178			Ms.	Melinda	
City: Brea	STATE CLEA	RING HOUSE	Middle Name	CONTRACTOR	
County: Orange			Last Name Kwan		
State: California	Zip Code 92821		Suffix:		
Country: USA			Email: mellndak@cl.t	rea,ca.us	
6. EMPLOYER IDENTIFICATIO	NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
95-6000661	7		(714) 990-7766	5	(714) 671-3694
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bad	of form for Application Types)
№ Nev		n 🛮 Revision	C, Municipal		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)	L		9. NAME OF F	EDERAL AGENCY:	
40. CATALOG OF FEBERAL	BOMECTIC ACCIDITANT	OF MINDED.		ental Protection Agend IVE TITLE OF APPLI	_
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANT			wer Upgrade Phase 2	
TITLE (A)		66-606	WaşterFlan Se	swei upgrade Friese z	
TITLE (Name of Program):					
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):			
City of Brea					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRES a. Applicant	SIONAL DISTRICTS	OF:
November 2005	January 2007		41		41 '
15. ESTIMATED FUNDING:	•				REVIEW BY STATE EXECUTIVE
a. Federal \$		192,400	в. Yes. 🗹 Th	IIS PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	***************************************			ROCESS FOR REVIEW	
c. State \$		390,600		TE: May 11, 2005	
				• •	/EDED DV E O 40370
d. Local \$	Notes to the second		D. NO. ILI		ERED BY E. O. 12372
a. Other \$		• .	l ^l ⊟ FC	R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g, TOTAL \$		583,000	1	" attach an explanatior	
16. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	ALL DATA IN THIS	APPLICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF			C. TIL AT LIVAN		MAY them sadded on a AALER OFFICE
a. Authorized Representative Prefix Mr.	Eirst Name			Middle Name	
Lasl Name	Tim			Suffix	
O'Donnell br. Title			,. vii	c. Telephone Number	(ANYE drad ende)
City Manager				(714) 990-7710	(Bive sies code)
d. Signature of Authorized Repre	esantative	4		a. Date Signed	11/05
Previous Edition Usable Authorized for Local Reproduction	•			/ \	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

9098623180

PLICATION FOR	:	2. DATE SUBMITTED	E /30/05	Applicant Ident	ifier
DERAL ASSISTANCE		A DATE DECEMED BY	5/10/05 BTATE /	State Application	on Identifier
YPE OF SUBMISSION: piication	Pre-application	0.5	5/10/05	Federal Identif	ier
Construction	Construction	4. DATÉ RECEIVED BY	FEDERAL AGENCY	T Edicidi (Contan	
Non-Construction	X Non-Construction				
PPLICANT INFORMATION			Organizational Unit		
al Name:	Highland		Department:		
			Division:		
01-	900-5218		Name and telephon	e number of pe	rson to be contacted on matters
dress:			involving this appli	First Name:	DECEIVED
27215 Bas	e Line		Prefix: Mr.		Joseph L
1/			Middle Name		MAY 1 0 2005
пивитана			Lact Name	ghes	WIAT 1 0 2000
unty: San Berna	rdino		Suffix:	*F110,2	STATE CLEARING HOUS
california	Zip Code 923	46			AND THE PROPERTY OF THE PROPER
untry: USA		_	Email:	re_hughe	STORE OFR
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	•	
83-027063			(909)864-	5861	(909)862-3180
TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See Da	ck of form for Application Types)
R. N	ew Continue	noieives 🗌 Revision			•
levision, enter appropriate le se back of form for descript	etter(s) in box(es) on of letters.)		Other (specify)	C	
e Dack of form for accompa			9. NAME OF FEDE	RAL AGENCY:	
her (specify)			!		EPA IECT:
. CATALOG OF FEDERA	L DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	City of Highland
		GG-506	funding	TOT THE	and implementing
TLE (Name of Program):	Solid Waste	Disposal Act	1 - 4 - 7 4 - 7	and art	vibirg for the
AREAS AFFECTED BY			Citale E	nviromer	ital Learning Cer
2. AREAS AFFECTED BY	PROJECT (Chica: Corn	California			
Highland, Sa	n Bernarolii	o, California	14. CONGRESSIO	NAL DISTRICT	S OF:
3. PROPOSED PROJECT tart Date:	Ending Date:	2006	a Applicant	.st	b. Project 41st
Oct 2005		ecember 2006	15 IS APPLICAT	ON SUBJECT T	O REVIEW BY STATE EXECUTIVE
5. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 123
. Federal	\$	297,600	a, Yes. AVAIL	ABLE TO THE	STATE EXECUTIVE ORDER 123
, Applicant	\$	237,000	PROC	ESS FOR REVI	EWON
	<u></u>	on	DATE	5/11/	05
c, State	Mi.		ľ		0 45050 BV E (0 42272
		no no	_ PPO	RAM IS NOT C	OVERED BY E. O. 12372
i. Local	5	no	D. NO. 11.1		OVERED BY E. O. 12372
	\$5 \$5	, no	OR P	ROGRAM HAS I	NOT BEEN SELECTED BY STAT
a. Other		, · · ·	OR P	ROGRAM HAS I	NOT BEEN SELECTED BY STATI
a. Other f, Program Income	\$	00 00	OR P FOR 17. IS THE APPL	ROGRAM HAS I RÉVIEW ICANT DELINQ	NOT BEEN SELECTED BY STATE
a. Other T. Program Income	\$ \$	297,600	OR P FOR 17. IS THE APPL Yes If "Yes" a	ROGRAM HAS I REVIEW ICANT DELINQ	NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? tion. IX No
a. Other Program Income TOTAL TO THE BEST OF MY	S S (NOWLEDGE AND BE	297, 600 LIEF, ALL DATA IN THIS A	OR P FOR 17. IS THE APPL Yes If "Yes" a	ROGRAM HAS I REVIEW ICANT DELINQ	NOT BEEN SELECTED BY STATE
A. Other Program Income TOTAL B. TO THE BEST OF MY INCOMENT HAS BEEN DI	S S KNOWLEDGE AND BE JLY AUTHORIZED BY G IF THE ASSISTANCE	297, 600 LIEF, ALL DATA IN THIS A	OR P FOR 17. IS THE APPL Yes If "Yes" a OPPLICATION/PREAF OF THE APPLICANT	ROGRAM HAS I REVIEW ICANT DELING STREET AN EXPLANA THE APPLI	NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT tion. IX No E TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
a. Other T. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES B. AUthorized Representative	S S S S S S S S S S S S S S S S S S S	297,600 LIEF, ALL DATA IN THIS A THE GOVERNING BODY O	OR P FOR 17. IS THE APPL Yes If "Yes" a PPLICATION/PREAF THE APPLICANT	ROGRAM HAS I REVIEW ICANT DELING STACK AN EXPLANA PLICATION AR AND THE APPLI ddle Name	NOT BEEN SELECTED BY STAT UENT ON ANY FEDERAL DEBT tion. X No TETRUE AND CORRECT. THE
a. Other T. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix MT. Leat Name	S S S S S S S S S S S S S S S S S S S	297,600 LIEF, ALL DATA IN THIS A THE GOVERNING BODY O	OR P FOR 17. IS THE APPL Yes If "Yes" a OPPLICATION/PREAF OF THE APPLICANT M	ROGRAM HAS I REVIEW ICANT DELING INTERPLICATION AR AND THE APPLI ddle Name	NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT tion.
a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DE A. Authorized Representative Prefix MT Leat Name Racadi	S S S S S S S S S S S S S S S S S S S	297,600 LIEF, ALL DATA IN THIS AT THE GOVERNING BODY CO IS AWARDED.	OR P FOR 17. IS THE APPL Yes If "Yes" a OPPLICATION/PREAF OF THE APPLICANT M	ROGRAM HAS I REVIEW ICANT DELING MACHINE ARCHING MACHINE ARCHING MACHINE ARCHING MACHING ARCHING MACHING ARCHING MACHING ARCHING MACHING ARCHING MACHING ARCHING MACHING ARCHING ARCHING MACHING ARCHING ARCHING MACHING ARCHING ARCHING MACHING ARCHING ARCHING MACHING ARCHING ARCHING ARCHING MACHING ARCHING ARCHING ARCHING MACHING ARCHING ARCHING ARCHING ARCHING MACHING ARCHING ARCHING ARCHING ARCHING ARCHING MACHING ARCHING ARCHING ARCHING ARCHING MACHING ARCHING ARCHING ARCHING ARCHING ARCHING ARCHING ARCHING MACHING ARCHING ARCHI	NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT tion. IX No IE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
a. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix M.T. Leat Name	S S S S S S S S S S S S S S S S S S S	297,600 LIEF, ALL DATA IN THIS A THE GOVERNING BODY O	OR P FOR 17. IS THE APPL Yes If "Yes" a PPLICATION/PREAF THE APPLICANT M Si C.	ROGRAM HAS I REVIEW ICANT DELING ITANT DELIN	NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT tion. IX No IE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE

OMB Approval No. 0348-0043 APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE May 5, 2005 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: <u>Application</u> Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: POLICE AND FIRE **CITY OF FIREBAUGH** Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 1575 11TH STREET, FIREBAUGH CA 93622 OR FIRE CHIEF BORBOA (559) 659-2073 (559) 659-3051 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): C 9 | 4 | - | 6 | 0 | 0 | 0 | 3 | 3 | 3 H. Independent School Dist. A State I. State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: B. County C. Municipal J. Private University Revision Continuation New K. Indian Tribe D. Township Individual If Revision, enter appropriate letter(s) in box(es) E. Interstate M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) B. Decrease Award C. Increase Duration A Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: **USDA - RURAL DEVELOPMENT** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Marked emergency vehicle for the police department and 7 6 6 1 0 an infrared thermo imaging device for the fire department. TITLE: Community Facilities 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh (Mutual Aide requests for Madera & Fresno Co) 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 1-a EMERGENCY (-C) b. Project Start Date **Ending Date** a. Applicant 20th 20th 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a. Federal 25.850 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ PROCESS FOR REVIEW ON: c. State 05/06/05 DATE d. Locai 5,400 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other 15,750 FOR REVIEW 00 f. Program Income EARING HOUSE 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. No No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

47,000

 \Box

ATTACHED ASSURANCES IF THE ASSISTANCE IS	AWARDED.	
Type Name of Authorized Representative Jose Antonio Ramirez	b. Title City Manager	c. Telephone Number (559) 659-2043
d. Signature of Authorized Representative		e. Date Signed 05-05-05

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTA		2. DATE SUBM			Applicant Identifier	
		5/3/0				
1 .TYPE OF SUBMISSION:		3. DATE RECEIV	VED BY STATE		State Application Identifier	
Application P	reapplication					
Construction	Construction	4. DATE RECEIV	VED BY FEDER	RAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction					
5. APPLICANT INFORM						
Legal Name: Avenal Co		<u>th Center</u>		Organization		
Address (give city, county, stat					elephone number of person to b ion(give area code)	e contacted on matters involving
Organizational DUNS					,	
1000 Skyline Blvd., P.				lohn	Blaine (559) 386-	4500
Avenal, Kings County,						
6. EMPLOYER IDENTIFICATIO				7. TYPE OF	APPLICANT: (enter appropriate	<u> </u>
7 7 - 0 4	2 5 4	9 6		A. State	H. Independent	School Dist.
a TYPE OF A PPI ICATION:				B. Count C. Municip	y I. State Contro	lled Institution of Higher Learning
8. TYPE OF APPLICATION:				D. Towns	hip K. Indian Tribe	retaily
	New Con	tinuation F	Revision	E. Interst F. Intermu	ate L. Individual inicipal M. Profit Organ	lization fy) Non-Profit Corporation
	<i>" (</i>)			G. Special	I District N. Other (Speci	fy) Non-Profit Corporation
If Revision, enter appropriate	etter(s) in					
A. Increase Award	B. Decrease Award	c. Increase Du	ration			
	Other (specify):	o. morease par	lulion			
				9. NAME OF	FEDERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	F NIIMBER		11. DESCRI	PTIVE TITLE OF APPLICANT'S	PROJECT:
IU. CATALOG OF FEDERAL D		- NOMBER:				
	1	0 - 7	6 6	Pati	ent Information Sys	stem Upgrade
TITLE:	<u> </u>		<u> </u>		•	. 0
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s. States, etc.)				
		,,				
Avenal, Kings	s County, CA					
13. PROPOSED PROJ		ESSIONAL D	ISTRICTS O	ıF·		
Start Date Ending Date	a. Applicant	LOGICITY IL D	1011110100	b. Pro	oject	
1/1/05 6/30/06	lim Co	sta, 20th D	lietrict		The honorable .lim	Costa, 20th District
	5. ESTIMATED FU	INDING	istrict	16. IS	APPLICATION SUBJECT TO R	EVIEW BY STATE EXECUTIVE
	LOTIMINATED TO	, , , , , , , , , , , , , , , , , , ,	The state of the s	─	RDER 12372 PROCESS?	
a. Federal	\$		62,000).00 a	. YES. THIS PREAPPLICATIO	N/APPLICATION WAS MADE
			00.400			TATE EXECUTIVE ORDER
b. Applicant	BECEL	VED I	26,462	2.00	12372 PROCESS FOR	REVIEW ON:
	n. V.	VL	***************************************			
c. State	\$ 14AV 1 A	2005			DATE	
	""" ""	2003				
d. Local	\$			b	NO PROGRAM IS NOT	Γ COVERED BY E.O. 12372
	STATE CLEARI	AG HOUSE	00.000	00	OP PROCRAM HAS	S NOT BEEN SELECTED BY
e. Other	S.	OCCUPANTAL PROPERTY OF THE PRO	90,000	.00	STATE FOR REVIE	
f. Program Income	\$			17. IS	THE APPLICANT DELINQUENT	ON ANY FEDERAL DEBT?
4	_		470.400		YES (Attach explanation)	NO
g. Total	\$		178,462	.00		
18 TO THE BEST OF	MY KNOW! EDGE	AND BELIEF	F ALL DATA	A IN THIS	APPLICATION/PREAPP	LICATION ARE TRUE AND
CORRECT THE DOCU	IMENT HAS BEE	N DULY AUT	'HORIZED E	BY THE G	OVERNING BODY OF 1	THE APPLICANT AND THE P
APPLICANT WILL COM	PLY WITH THE A	TTACHED AS	SSURANCE	S IF THE	ASSISTANCE IS AWARD	DED.
a.Type Name of Authorized Re	presentative		b. Title			c. Telephone Number
John Blaine)		CEC)		(559) 386-4500
d Signature of Authorized Repr	esentative,					e. Date Signed
70h	(Stains					5/3/05
1 1000		W			CTAND	ARD FORM 424 (REV 4-92)

Previous Edition Usable AUTHORIZED FOR LOCAL REPRODUCTION STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED May 9, 2005		Applicant Idea	Version 7/0:
1. TYPE OF SUBMISSION:	Bee and the state of	3. DATE RECEIVED BY	YSTATE	State Applicat	lion Identifier
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Ident	fler
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO	N		Organizational Unit:		
County of Orange			Department:		
Organizational DUNS: 073507670			Housing and Commu		epartment
073507670 Address:	:		Housing Finance and		rson to be contacted on matters
Street:			involving this application	ation (give are	a code)
1770 North Broadway			Prefix: Ms.	First Name: Paula	
City: Santa Ana		,	Middle Name K.		
County: Orange			Last Name Burner-Lund		
State: CA	Zip Code 92706		Suffix: N/A		
Country: USA			Email: paula.lund@hcd.ocg	nv com	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
95-6000926	3]	•	(714) 480-2805		(714) 480-2803
8. TYPE OF APPLICATION:		, , ,	7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)
☑ Ne If Revision, enter appropriate let		n 🔲 Revision	В.		• •
(See back of form for description	n of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FEDERAU.S. Department of H		an Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		CANT'S PROJECT: nent Block Grant funding for
TITLE (Name of Program): Community Development Block 12. AREAS AFFECTED BY PF Orange County		1 4 - 2 1 8 5, States, etc.):	rehabilitation, acquist	tion of real prop	
13. PROPOSED PROJECT	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	OF: b. Prolect
Start Date: July 1, 2005	Ending Date: June 30, 2006		40, 42, 44, 46, 47, 48		40, 42, 44, 46, 47, 48
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$ CDBG		'5,152,927	THIS PRI	EAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$				S FOR REVIEW	
c. State		.00	DATE: M	lay 9, 2005	
d. Local \$.00	b. No. D PROGRA	W IS NOT COV	ERED BY E. O. 12372
e. Other \$		4 000 000	OR PRO		T BEEN SELECTED BY STATE
Reprogrammed f, Program Income \$		1,089,269	FOR REV		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		550,000 ' 00' 6,792,196 '	Yes If "Yes" attach	n an explanation	. 🛭 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS AP GOVERNING BODY OF	PLICATION/PREAPPLI	CATION ARE T	RUE AND CORRECT. THE
a, Authorized Representative	First Name		Middle	Name	
Prefix Ms. Last Name	First Name Paula		K. Suffix		
Burrier-Lund		<u></u>		phone Number	(dive area code)
b. Title Director			. (714)	480-2805	(Also glag cond)
d. Signature of Authorized Repr	asoritative .	I RECEIV	ED e. Date	Signed 5	19/05
Previous Edition Usable	00	0.141/	.005	· · · · · · · · · · · · · · · · · · ·	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
Authorized for Local Reproducti	Uil	MAY 9 2	1005		
			NOUET		.1
		STATE CLEARING	I HOUSE		TO - OT COOT . CO

FEDERAL ASSISTANCE		2. DATE SUBMITTED	· · · · · · · · · · · · · · · · · · ·	I Annii Id	Version 7/0
4 TIME OF CHESTICS		May 9, 2005		Applicant Iden	
1. TYPE OF SUBMISSION:	Dra conligation	3. DATE RECEIVED BY	STATE	State Applicat	ion identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Construction	Onstruction Non-Construction				
Non-Construction 5. APPLICANT INFORMATION	I → Non-Construction			J	AA
Legal Name:			Organizational Unit		
County of Orange		•	Department: Housing and Commu	inity Services De	epartment
Organizational DUNS: 073507670		***************************************	Division:		
073507670 Address :			Housing Finance and		rson to be contacted on matters
Street:			involving this application	cation (give are	
1770 North Broadway			Prefix: Ms.	First Name: Paula	
City: Santa Ana			Middle Name		
Santa Ana County:		,	K. Last Name		
Orange			Last Name Burner-Lund	*	
State: CA	Zip Code 92706		Suffix: N/A		
Country: USA			Email: paula.lund@hcd.ocg	0V 00M	
USA 6. EMPLOYER IDENTIFICATIO	N NUMBER (FIN)		Phone Number (give		Fax Number (give area code)
	_		(714) 480-2805	,	(714) 480-2803
95_6000928 8. TYPE OF APPLICATION:				ANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	v 🗓 Continuati	on 🛘 Revision		1000 000	
f Revision, enter appropriate lett	ter(s) in box(es)	Off P Kealzion	В.		
See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER		
		LANGE TO	U.S. Department of	•	CANT'S PROJECT:
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAT	•			Frant authorized by McKInney-Vent
		14-231	Homeless Assistance	e Act of 1987, T	Itle IV. Activities include funding fo
TITLE (Name of Program): Emergency Shelter Grant			FY 2005-2006. Fundant and staffing.	ds will be used f	or essential services, operations,
12. AREAS AFFECTED BY PR	OJECT (Cities, Counti	es, States, etc.):	and staining.		•
Orange County					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF: b. Project
Start Date: July 1, 2005	Ending Date: June 30, 2006		a. Applicant 40, 42, 44, 46, 47, 48		40, 42, 44, 46, 47, 48
15, ESTIMATED FUNDING:	104110 00, 2000				REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PROC	CESS? REAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
a. Federal \$ ESG		169,412			
b. Applicant \$		• .	PROCE	SS FOR REVIE	W ON
c. State \$. ,00	DATE: I	May 9, 2005	
		. 00	- PROGR	AM IS NOT CO	VERED BY E. O. 12372
- 1-501:		•	D. NO. LLI		
d. Local \$					OT BEEN SELECTED BY STATE
e. Other \$	444	3,285	FOR RE	VIEW ·	
e. Other \$ Reprogrammed			FOR RE	VIEW ANT DELINQUE	ENT ON ANY FEDERAL DEBT?
e. Other \$ Reprogrammed f. Program Income \$			FOR RE	ANT DELINQUE	<u> </u>
e. Other \$ Reprogrammed f. Program Income \$ g. TOTAL \$		3,285 w 172,697	17. IS THE APPLIC. Yes if "Yes" attack	ANT DELINQUE	n. 🖸 No
e. Other Reprogrammed f. Program Income g. TOTAL \$ 18. TO THE BEST OF MY KNO	' AUTHORIZED BY TH	3,285 172,697 EF, ALL DATA IN THIS AP IE GOVERNING BODY OF	FOR RE 17. IS THE APPLIC. Uyes if "Yes" attac	ch an explanatio	n. 🖸 No
e. Other Reprogrammed f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	' AUTHORIZED BY TH	3,285 172,697 EF, ALL DATA IN THIS AP IE GOVERNING BODY OF	TOR REPLICATION/PREAPPLICATION/PREAPPLICANT AND	Ch an explanation LICATION ARE DITHE APPLICATION	n.
e. Other Reprogrammed f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF g. Authorized Representative	THE ASSISTANCE IS	3,285 172,697 EF, ALL DATA IN THIS AP IE GOVERNING BODY OF	FOR RE 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT ANI Middle	ch an explanatio	n. Z No
e. Other Reprogrammed f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Ms.	' AUTHORIZED BY TH	3,285 172,697 EF, ALL DATA IN THIS AP IE GOVERNING BODY OF	TOR REPLICATION/PREAPPLICATION/PREAPPLICANT AND	ch an explanation ICATION ARE DITHE APPLICATION ARE	n.
e. Other Reprogrammed f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF g. Authorized Representative	THE ASSISTANCE IS	3,285 172,697 EF, ALL DATA IN THIS AP AP AWARDED. RECEIVED	TOR RE 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT AND Middle K. Suffix	ANT DELINQUE ch an explanatio ICATION ARE D THE APPLICATION RE REPRESENTED THE APPLICATION REPRESENTED THE APPLICA	n. No TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
e. Other Reprogrammed f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix Ms. Last Name Burrier-Lund b. Title	THE ASSISTANCE IS	3,285 172,697 EF, ALL DATA IN THIS AP IE GOVERNING BODY OF	TOR RE 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT ANI Middle K. Suffix C. Te	ch an explanation ICATION ARE DITHE APPLICATION ARE	n. No TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
e. Other Reprogrammed f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF B. Authorized Representative Prefix Ms. Last Name Burrler-Lund	AUTHORIZED BY THE ASSISTANCE IS First Name Paula	3,285 172,697 EF, ALL DATA IN THIS AP AP AWARDED. RECEIVED	TOR RE 17. IS THE APPLICATION/PREAPPLICATION/PREAPPLICANT ANI Middle K. Suffix C. Te (714 e. Da	ch an explanation ICATION ARE DITHE APPLICATION ARE DITHE APPLICAT	n. No TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE May 4, 2005 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: City of San Joaquin Public Body Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) P.O. Box 758 Lupe Estrada (559) 693-4311 ext. 20 San Joaquin, CA 93660 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 0 4 1 8 С A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University New New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Electrical Internet Cabling, Tables & Chairs TITLE: Community Development Facility Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE-EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ DATE d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Othe \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	ve	b. Title	c. Telephone Number
Cruz Ramos		City Manager	(559) 693-4311
d. Signature of Authorized Representative	Zan 1	^	e. Date Signed

f. Program Income

g. TOTAL

\$

\$

No.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation.

APPLICATION FOR							Version 7/0
FEDERAL ASSISTANC	E		2. DATE SUBMITTED			Applicant Iden R9 Tracking #	tifier 05–224
1. TYPE OF SUBMISSION:	T		5-4-05 3. DATE RECEIVED	BY STATE		State Applicat	
Application	Pre-applicati	oπ	4. DATE RECEIVED	V EEDEBAL AGE	ENCA	Federal Identii	Nar .
Construction	Construc		4. UATE RECEIVED	OT PEDENAL AGE	LIVO.	r adorar racinii	
Non-Construction 5. APPLICANT INFORMATION	Non-Cons	truction_		•64>			- 410*
Legal Name:	<u> </u>			Organization	al Unit:		
City of Arcadia (Lead Agency f	or Arcadia and	City of Sie	erra Madre Joint grant)	Department: Department of	f Public V	Vorks Services	
Organizational DUNS:				Division:			
08 219 7278 (Arcadia) 0	10 494 7388 (Sie	erra Madre	3)	Name and tel	lephone	number of pe	rson to be contacted on matters
Address: Street:				Involving this	s applica	tion (give are	a çódé)
240 W. Huntington Drive		REC	JE WED	Prefix: Mr.		First Name: Pat	, , , , , , , , , , , , , , , , , , , ,
City; Arcadia		I I I I	- V to to	Middle Name			
County:		MAY	0 9 2005	Last Name Malloy			
Los Angeles State:	Zip Code	•		Suffix:			
CA Country:	91068-6037	ATE CL	EARING HOUSE	Emall:			
USA	ON AUMED /	EIAD:	THE OWNER WHEN THE PROPERTY OF THE PERSON OF	Phone Number	or (alva ar	ee code)	Fax Number (give area code)
6. EMPLOYER IDENTIFICATI		ŒIN).		(626) 256-656		oo ••••	(626) 359-7028
9 5 -6 0 0 0 6 6 8. TYPE OF APPLICATION:	7			' '		NT: (See bac	k of form for Application Types)
₽ No	nw Mc	ontinuatio	n Revision	C. Municipal		•	
If Revision, enter appropriate le (See back of form for description	etter(s) in box(es			Other (specify)			
	<u></u>			9. NAME OF		L ACENCY.	And the state of t
Other (specify)				Environments	al Protect	ion Agency	
10. CATALOG OF FEDERAL	DOMESTIC A	SSISTAN	CE NUMBER:				CANT'S PROJECT:
			66-606	Water Infrasti	tructure a	nd Seismic Re diog Basins) a	liability Projects (Reservoirs, Wells nd Studies/Design (Well Siting
TITLE (Name of Program): Surveys, Studies, Investigation	ns & Special Pu	mosa Gra	ints	Study, Water	Resourc	es Plan Recor	nmendations)
12. AREAS AFFECTED BY P	ROJECT (Cittles	s, Countle	s, States, etc.):				
City of Arcadia, City of Sierra	Madre Los Ang	geles Cou	nty				
13. PROPOSED PROJECT				14. CONGRE	SSIONA	L DISTRICTS	
Start Date:	Ending Da September		1	a. Applicant 26th Congres	sional Di	st. (Dreier)	(b. Project 26th Congressional Dist. (Dreier)
July 15, 2005 15, ESTIMATED FUNDING:	Gepternue	30, 2010					REVIEW BY STATE EXECUTIVE
			- CQT	ORDER 1237	2 PROCI	ESS?	N/APPLICATION WAS MADE
	\$		962,200		A MILMUI		ATE EXECUTIVE OTHER TEST
b. Applicant	\$		787,255	٩	PROCES	S FOR REVIE	₩ ON
c. State	\$. 00	D	DATE: M	ey 4, 2005	
d. Local	\$,00	b. No. III P	PROGRA	M IS NOT COV	/ERED BY E. O. 12372
e. Other	\$,00		OR PROG		OT BEEN SELECTED BY STATE
f. Program (ncome	\$.00	17. IS THE A	PPLICA	T DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$		1,749,455	☐ Yee If "Ye	es" affach	an explanation	n. 🛮 🗷 No
18. TO THE BEST OF MY KN	IOWLEDGE AN	D BELIE		1			
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZE	D BY THE	GOVERNING BODY	OF THE APPLICAL	NT AND	THE APPLICA	WIT WILL COMPLY WITH THE
a. Authorized Representative		11405 13 /	**************************************				
Prefix Mr.	First Name William				Middle R.	Name	
Last Name Kelly					Suffix		
b. Title City Manager, City of Arcadia	ur	MA				phone Number 574-5401	(give area coxie)
d. Signature of Authorized Rep	resentative		, 40, 20, 10			Signed	

	•			Version 7/0
PPLICATION FOR EDERAL ASSISTANCE		2 DATE SUBMITTED 3	In4	Applicant Identifier
·	· · · · · · · · · · · · · · · · · · ·	3. DATE RECEIVED BY	TATE	State Application Identifier
TYPE OF SUBMISSION:	Pre-application	4. DATE RECEIVED BY		Federal Identifier
Construction	Construction	4, DATE RECEIVED BY	EDEMAL	05CH11323
Non-Construction	Non-Construction			
APPLICANT INFORMATION TAI Name:			Organizational Un	1- /
hildren's Hospi	to 16 Kesparch	Lanter at Dallar	10 <u>UU</u>	ra101094
ganizational DUNS:	153-418		Division: <u>Car</u>	OLD OCIE
Idress:	DEC	FIVED -	Name and talepho	ne number of gerson to be contacted on matter lication (give area code)
eel:		Areas I	Prefix:	First Name: Mar W
747 52 nd St	- MAY	0 9 2005	Middle Name	
Dakland	WAT		Last Name	
Juny: Alameda	STATE CI	LEARING HOUSE	1 20	an all lating
late: CA	Zip Code 946	De Demonstration of the second	Suffix: Senior	VP, External Kelation
ountry: USA		• • •	Emall: Mdeal	nomail cho. pra
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (gh	
92-036233			510 42B	3464 510 654 - 8474 ICANT: (See back of form for Application Types)
TYPE OF APPLICATION:	•		7, TYPE OF APPL	R C+ Description
No. Revision, enter appropriate je	w Continuati	on 🖺 Revision	1	Profit Organization
ee back of form for description	on of letters.)	\cap	Other (specify)	
ther (specify)	. Ц	.	B. NAME OF FED	ERAL AGENCY: PORT OF EMERGY
* * * * * * * * * * * * * * * * * * * *	POLIFOTIC ACCIGNAL	ACE NUMBER:	11 DESCRIPTIV	TITLE OF APPLICANT'S PROJECT
O. CATALOG OF FEDERAL	DOMESTIC AssistA	8 7-099	Digital	Cardiology Equipment to
TTLE (Name of Program):		BM-6000	the Conte	r for the Prevention of
2. AREAS AFFECTED BY F	PO JECT /Cities Count	les. States, etc.):	Marcitin	in Children
2. AREAS AFFECTED BY F	クルケ・・		. <i>I</i>	
13. PROPOSED PROJECT	alitornia			ONAL DISTRICTS OF:
Start Date: 12/2/04	Ending Date:	130/05	a. Applicant	1 1, 7,8,9,10,11,
16. ESTIMATED FUNDING:			In a new Asserts MI	NON SUBJECT TO REVIEW BY STATE EXECUTION SUBJECT TO REVIEW BY STATE EXECUTION
a. Federal	<u>s</u>	/A2440' 00		PREAPPLICATION/APPLICATION WAS MADE LABLE TO THE STATE EXECUTIVE ORDER 123
	7	82000 00		CESS FOR REVIEW ON
b. Applicant	9		- DAT	E: 5/9/05
o, Slale	•			GRAM IS NOT COVERED BY E. O. 12372
d. Local	\$. •	[D, NQ, LL]	PROGRAM HAS NOT BEEN SELECTED BY STAT
e. Other	\$		W FAB	
I. Program Income	\$		17. IS THE APP	LICANT DELINQUENT ON ANY FEDERAL DEBT
g. TOTAL	\$	182000	Yes If Yes"	attach an explanation. 🍱 No
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	NOWLEDGE AND BELLY AUTHORIZED BY T	IEF, ALL DATA IN THIS A HE GOVERNING BODY O	PPLICATION/PREA F THE APPLICANT	PPLICATION ARE TRUE AND CORRECT. THE AND THE APPLICANT WILL COMPLY WITH THE
a. Authorized Representative	·			Middle Name
Prefix	First Name Mu	wy		<u> </u>
Last Name Dean				uffix
b. Title Device Vine	President.	External Rela	ations	Telephone Number (give eres pode) 5/10 4/28 - 34/6/4
d. Signature of Authorized R	phresonally	1 x 1 x 1 WA METE	8	Date Signed 5/9/02
/ Visia K	- Charles			Standard Form 424 (Rev.9

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102



APPLICATION FOR

OMB Approval No. 0348-0043

APPLICA			O DATE CUDATTE	· D		Applicant Identifier			
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTE		5, 2005	/ ppilodit restrainer			
1. TYPE OF SUI	BMISSION:		3. DATE RECEIVED	BY	STATE	State Application Identifier	ľ		
Application		Preapplication							
Construct	ion	☐ Construction	4. DATE RECEIVED	BY	FEDERAL AGENCY	Federal Identifier	İ		
Non-Cons	truction	Non-Construction							
5. APPLICANT		<u> </u>							
Legal Name:					Organizational Unit:				
I-5 Social	Services C	Corp r	The second of th		Non Profit				
		, and zip dode				umber of person to be contacted on matte	ers involving		
		The second of the second secon	AND ALL SPONSES COMMAN		this application (give a	rea code)	2		
4491 W Shaw Ave Suite 100			c 2005		Alex Valdez or Dr. Reed Lar 559 275-713				
Fresno CA	93722	MAY N	6 2005						
6. EMPLOYER I	DENTIFICATIO	N NUMBER (EIN):			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)			
777	0 4 8 6	3 3 2STATE CLEA	ARING HOUSE			N			
لنالنا					A. State	H. Independent School Dist.			
8. TYPE OF AP	PLICATION:				B. County	I. State Controlled Institution of Higher Le	arning		
	✓ Nev	v Continuation	Revision		C. Municipal	J. Private University			
•		·			D. Township	K. Indian Tribe			
If Revision, ente	r appropriate lett	ter(s) in box(es)			E. Interstate	L. Individual M. Profit Organization			
		<u> </u>			F. Intermunicipal	N. Other (Specify) Non Profit			
A. Increase Av		crease Award C. Increase	e Duration		G. Special District	N. Other (Specify)			
D. Decrease D	ouration Other	specify):			9. NAME OF FEDERA	L AGENCY:			
					USDA Rural Dev	elonment			
						TLE OF APPLICANT'S PROJECT:			
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N							
			1 0 — 7 6	6	Furnish Child De	velopment Center			
	0	Facilities Crent							
IIILE:	Community	Facilities Grant OJECT (Cities, Counties, Sta	ates etc.):			1			
			1163, 616./.						
City of Fireb	augh and sur	rounding area							
13. PROPOSED	PROJECT	14. CONGRESSIONAL DI	STRICTS OF:						
Start Date	Ending Date	a. Applicant			b. Project				
Start Date	Linding Date	19 Rada	anovich		-	20 Costa			
15. ESTIMATE	ELINDING:				16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXEC	CUTIVE		
15. ESTIMATE	or ondine.				ORDER 12372 PF	ROCESS?			
a. Federal		\$.00						
a. rederar		*	40,860		a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE	Ξ		
b. Applicant		\$.00			E TO THE STATE EXECUTIVE ORDER 1	2372		
b. Applicant		•			PROCESS	S FOR REVIEW ON:			
c. State		\$.00		DATE				
			00		-				
d. Local		\$	60,000		b. No TI PROGR	AM IS NOT COVERED BY E. O. 12372			
		•	00		□ OR PRO	GRAM HAS NOT BEEN SELECTED BY S	STATE		
e. Other		\$	• ,		FOR RE				
		•	00		-				
f. Program Inco	me	\$	•		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DE	BT?		
- TOTAL		\$	00		-		No		
g. TOTAL			100,860			-	110		
18 TO THE BE	ST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS AP	PLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE			
DOCUMENT H	AS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF	F TH	E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH T	HE		
ATTACHED A	SSURANCES IF	THE ASSISTANCE IS AWA	ARDED.						
	of Authorized Rep		b. Title			c. Telephone Number			
Alex-Valdez			Executive Direct	ctor		(559) 275-7133			
	Authorized Repr	sentative				e. Date Signed			
17 01.	1 hole	l-				3-15-05			
4	1 100					Standard Form 424 (Rev. 7-9	1)		

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APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Preapplication Application

Construction Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Construction ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Non Profit I-5 Social Services Corp Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): RECEIVED this application (give area code) Alex Valdez or Dr. Reed Lar 559 275-7133 4491 W Shaw Ave Suite 100 Fresno CA 93722 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (年IN): Ν 7 | 7 | - | 0 | 4 | 8 | 6 | 3 | 3 | 2 STATE CLEARING HOUSE H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B County 8. TYPE OF APPLICATION: C. Municipal J. Private University Revision Continuation **✓** New K. Indian Tribe D. Township L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal Non Profit G. Special District N. Other (Specify) ___ C. Increase Duration B. Decrease Award A. Increase Award Other(specify): D. Decrease Duration 9. NAME OF FEDERAL AGENCY: **USDA Rural Development** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Furnish Child Development Center 7 6 6 TITLE: Community Facilities Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Area of Cantua Creek and surrounding area 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project **Ending Date** a. Applicant Start Date 20 Costa 19 Radanovich 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a. Federal 29,100 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: \$ c State DATE ___ \$ d. Local b. No.

PROGRAM IS NOT COVERED BY E. O. 12372 40.000 OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e. Other FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. \$ **✓** No g. TOTAL 69.100 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative (559) 275-7133 **Executive Director** Alex Valdet/

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d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

ADDI ICATION FOR						(E	RCH PO Version	1 9/03
APPLICATION FOR FEDERAL ASSISTAN	ICE	1	2. DATE SUBMITTE	D		icant lo	/2 / / 4 2	
FEDERAL ASSISTAN	ICE		05/31/2005					
1. TYPE OF SUBMISSION:			3. DATE RECEIVED	BY STATE		State Applic	ation Identifier	
Application	Preapplica	tion						
Construction	Constr	uction	4. DATE RECEIVED	BY FEDERAL	. AGENCY	Regeral Joh	tifical	
✓ Non-Construction	Non-Co	onstruction						
5. APPLICANT INFORMATION				Organizatio	nal Unit:	1		
* Legal Name: Southern Califo	ornia Presby	terian Homes		Department:				
* Organizational DUNS:	069925345	5		Division:				
Address:					•	•	to be contacted on matters invol	ving
* Street1: 516 Burchett Street				this application		<u> </u>	all.	=
Street2:				Prefix: Ms.		rst Name: S	ally	
* City: Glendale	Cor	unty Los Ange	les	Middle Name				
* State: CA * Zip C	Code: 91203	* Cour	try USA	* Last Name: Suffix:		Email: sallyli	ttle@scphs.com	
6. * EMPLOYER IDENTIFICATIO	N NUMBER	(EIN):	CFIVET	1	ber (give are		ax Number (give area code)	
95-1894293		t t t	men of the second secon	(818) 247-042			318) 247-3871	$\neg \mid$
8. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·	M	AY n 6 2005	7. * TYPE OF	APPLICAN	T: :ation (Oth	er than Institution of F	
✓ New ☐ Continuat	ion	Revision	CLEARING HOU	Company (September 1)	ă.			
If Revision, enter appropriate letter	r(s) in box(es	SIAID	CLEANING FIOR					
A. Increase Award B. Decrease Awar	rd C. Incre	ease Duration		9. * NAME O				
D. Decrease Duration Other (specify):				US Departme	ent of Housing	g and Urban C	Pevelopment	
10. CATALOG OF FEDERAL DO	MESTIC AS	SSISTANCE	14.157	11. * DESCR	IPTIVE TITL	E OF APPLIC	CANT'S PROJECT:	
TITLE: Supportive Housing for the	Elderly						using community for low incom	
12. * AREAS AFFECTED BY PR	OJECT	(Cities, Counties, States, etc	s.):			of Fresno, Cal ne Elderly Cap	ifornia, developed with Section ital Grant.	202
Fresno, Fresno County, California	a					•		
13. * PROPOSED PROJECT:	·			14. * CONGF	RESSIONAL	DISTRICTS	DF:	
* Start Date		* Ending Date		* a. Applican	nt		* b. Project	
06/01/2006		06/01/2007		27			19	
15. * ESTIMATED FUNDING:				16. IS APPL	ICATION SU	BJECT TO R	EVIEW BY STATE EXECUTIV	E
* a. Federal	\$	8,073,200	.00	ORDER 1237	72 PROCESS	S?		
* b. Applicant	\$	25,000	.00				ATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:	5
* c. State	\$			✓ Y	ES DAT	E 03/31/	2005	
* d. Local	\$	1,000,000	.00	b. 🗆 P	ROGRAM IS	NOT COVERE	D BY E.O. 12372	
* e. Other	\$				R PROGRAM	HAS NOT BE	EN SELECTED BY STATE FOR F	REVIEW
* f. Program Income	\$			17. IS THE A	APPLICANT	DELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL	\$	9.098,200	00	Yes	If "Yes," att	ach an explai	nation.	No
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, AND THE APP	ALL DATA IN THIS AF LICANT WILL COMPL	PLICATION/PREAPPLICA Y WITH THE ATTACHED	ATION ARE TRUE ASSURANCES IF	AND CORRECT THE ASSISTAN	THE DOCUMENTED IS AWARDED	IT HAS BEEN DULY AUTHORIZED BY).	THE
a. Authorized Prefix: Ms.	*	First Name: Sal	ly		Middle I	Name		
Representative * Last Name:	Little	L	*			S	Suffix:	
* b. Title: Vice President, Afford	able Housin	g	* c. Tele	phone Number	(give area c	ode): (818) 2	247-0420	
* Email: sallylittle@scphs.com			Fax Nun	nber (give area	a code):			
d Signature of Authorized Repres	entative:	Complete	ed on submission to	Grants.gov	e. Date S	Signed: Com	pleted on submission to Grants	s.gov

RCH Approved #304 4.28-0=

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: State Application Identifier 3. DATE RECEIVED BY STATE Application Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: CITY OF SANGER Name and telephone number of person to be contacted on matters involving Address (give city, county, state, and zip code): this application (give area code) 1700 7th Street MICHAEL ISAAK (559) 875-6568 Sanger, CA 93657 DAVÉ CARVER (559) 875-6568 6. EMPLOYER IDENTIFICATION (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) C Independent School Dist.
State Controlled Institution of Higher Learning State B. C. County Municipal Private University 8. TYPE OF APPLICATION: Indian Tribe Individual Ď. Township X New Continuation Revision E. F. Interstate Intermunicipal Profit Organization Special District Other (Specify)_ If Revision, enter appropriate letter(s) in B. Decrease Award C. Increase Duration A Increase Award YECEIVED MAY 6 2005 Decrease Duration Other (specify): 9, NAME OF FEDERAL AGENCY: USDA-RD 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT PURCHASE OF NEW FIRE ENGINE TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) CITY OF SANGER 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: **Ending Date** a. Applicant b. Project Start Date 20 COSTA COSTA 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING ORDER 12372 PROCESS? Ś .00 a. Federal a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: \$.00 b. Applicant 84,000 .00 c. State \$ 3-15-05 d. Local \$.00 156,000 PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY .00 Ś e. Other STATE FOR REVIEW f. Program Income \$.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES (Attach explanation) X NO g. Total .00 240,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number b. Title a. Type Name of Authorized Representative (559) 875-6568 MAYOR MIKE MONTELONGO e. Date Signed d. Signature of Authorized Representative

OMB Approval No. 0348-0043

	TION FOR				OMB Approval No. 0348-
FEDERA	L ASSISTA	NCE	2. DATE SUBMITTED March 1	5, 2005	Applicant identifier
I. TYPE OF S	UBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application		Preapplication			
Constru	ıction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier
✓ Non-Co		Non-Construction			
	T INFORMATION			Organizational Unit:	
egal Name: I-5 Socia	al Services C	Corp		Non Profit	
ddress (give	city, county, State,	, and zip code):			number of person to be contacted on matters inv
4491 W S	Shaw Ave Si	uite 100		this application (give a	or Dr. Reed Lar 559 275-7133
Fresno C	A 93722				
. EMPLOYER	RIDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
7 7 -	0 4 8 6	3 3 2		A. State	H. Independent School Dist.
TYPE OF A	PPLICATION:			B. County	State Controlled Institution of Higher Learning
. ITPE OF A			□ nastatan	C. Municipal	J. Private University
	✓ Nev	v Continuation	Revision	D. Township	K. Indian Tribe
Revision en	ter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
	and the same of the same of	., , ,		F. Intermunicipal	M. Profit Organization
A. Increase			se Duration	G. Special District	N. Other (Specify) Non Profit
D. Decrease	Duration Other	specify):		9. NAME OF FEDER	AL AGENCY:
•				USDA Rural Dev	velopment
O CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	ITLE OF APPLICANT'S PROJECT:
IU. UATALUC	Of I EDERAL D	J1011011111111111111111111111111111	10-766	n	evelopment Center
			10-700	Fulfillsh Chilld De	svelopinent denter
TITL	E: Community	Facilities Grant			
12. AREAS A	FFECTED BY PRO	OJECT (Cities, Counties, St	ates, etc.):		
Linincornor	rated Area of D	el Rey and surroundir	ng area		
	ED PROJECT	14. CONGRESSIONAL D			
				b. Project	
Start Date	Ending Date	a. Applicant	anovich	b. Project	20 Costa & 21 Nunes
5 ESTIMATI	ED FUNDING:	101100		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
4. 2 .				ORDER 12372 P	ROCESS?
ı. Federal		\$	31,600	a YES THIS PRE	APPLICATION/APPLICATION WAS MADE
o. Applicant		\$.00		E TO THE STATE EXECUTIVE ORDER 12372
			00	PROCESS	S FOR REVIEW ON:
:. State		CEIVED	•	DATE	
l. Local	MA	\$ 6 2005	60,000		IAM IS NOT COVERED BY E. O. 12372
e. Other		\$.00	□ OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE
	STATE	LEARING HOUSE		FOR RE	VIEW
. Program Inc	come	\$.00	17 IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
ı. TOTAL		\$	00		' attach an explanation.
,			91,600		
8. TO THE B	BEST OF MY KNO	WLEDGE AND BELIEF, AI AUTHORIZED BY THE G	LL DATA IN THIS APPLI OVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
ATTACHED	ASSURANCES IF	THE ASSISTANCE IS AW	ARDED.		
a. Type Name	of Authorized Rep		b. Title		c. Telephone Number
Alex Valde	7/	11	Executive Director		(559) 275-7133
d. Signature ó	Authorized Repre	sentative			e. Date Signed ' 3 -/5 - 0.5
1.	on Usable				Standard Form 424 (Rev. 7-97)

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APPLICATION FOR						RCH Version 9/03
FEDERAL ASSISTAN	ICE		2. DATE SUBMIT	TED	cant	Identifier #304
1. TYPE OF SUBMISSION:	I		05/31/2005			
Application	Preapp	lication	3. DATE RECEIVE	ED BY STATE	State App	plication Identifier
✓ Construction		struction		A. W		
Non-Construction		-Construction	4. UATE KEUEIVE	D BY FEDERAL A	GENCY Federal is	lentifier
5. APPLICANT INFORMATION				Organizationa	l Unit:	
* Legal Name: Southern Califo	ornia Pres	sbyterian Homes		Department:		
* Organizational DUNS:	069925			Division:	Affordable Housing Corporate Office	
Address:				ļ		
* Street1: 516 Burchett Street				this application (ione number of perso give area code)	n to be contacted on matters involving
Street2:				Prefix: Ms.	* First Name:	Sally
* City: Glendale,		County Los Angel		Middle Name:		
				* Last Name: L	ittle	
	ode: 912		try USA	Suffix:	* Email: sall	ylittle@scphs.com
6. * EMPLOYER IDENTIFICATION	NUMBE	R (EIN):		* Phone Number	(give area code)	Fax Number (give area code)
95-1894293				(818) 247-0420		
8. TYPE OF APPLICATION: New Continuation	n	Revision		7. * TYPE OF AP	PLICANT: ation (O	ther than Institution of F
If Revision, enter appropriate letter(<u></u>	4		Caher apecity)		
A. Increase Award B. Decrease Award		crease Duration		9 * NAME OF F	TOTAL ACTION	
D. Decrease Duration Other (specify):				7	EDERAL AGENCY: f Housing and Urban	Development
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	14.157			
TITLE: Supportive Housing for the E			14.107	11. * DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
TITEE. Supportive Housing for the E	idelly			Construction of	a 60 unit affordable h	ousing community for low income
12. * AREAS AFFECTED BY PRO		(Cities, Counties, States, etc.):		202 Supportive I	dousing for the Elderl	a, to be developed under the Section y Capital Grant.
City of Clovis, County of Fresno, Ca	alifornia					
13. * PROPOSED PROJECT:				14. * CONGRESS	SIONAL DISTRICTS	OF:
* Start Date		* Ending Date		* a. Applicant		* b. Project
06/01/2006		06/01/2007		27		21
15. * ESTIMATED FUNDING:					ION SUBJECT TO	
* a. Federal	\$	7,123,412.00	0	ORDER 12372 P	ROCESS?	REVIEW BY STATE EXECUTIVE
b. Applicant DECE	11/16	25,000.00	<u> </u>	a. YES. THIS PRE	APPLICATION/APPLIC	ATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:
c. State	\$	0.00		✓ YES	DATE 03/31/	*
d. Local MAY	6 2,00	50,000.00		b. PROG	RAM IS NOT COVERE	
e. Other STATE CLEA	31112	0.00				EN SELECTED BY STATE FOR REVIEW
f. Program Income	TING H	0.00				ON ANY FEDERAL DEBT?
. TOTAL	\$	T. 196,412 DO			es," attach an explai	
B. * TO THE BEST OF MY KNOWLEDGE AN OVERNING BODY OF THE APPLICANT AN	ID BELIEF, D THE APP	ALL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND C	ORRECT. THE DOCUMEN	I
a. Authorized Prefix: Ms.		First Name: Sally	AT AOHED A			J.
Representative * Last Name:	Little	ot Hame. Jaily		<u> </u>	Middle Name	inffix:
b. Title: Vice President, Affordable		3	* c. Telen	hone Number (give		Suffix: 447-0420
* Email: sallylittle@scphs.com				per (give area code	. , , , , ,	247-3871
. Signature of Authorized Represent	ativo:	Completed	7577.11	, , , , , , , , , , , , , , , , , , ,	, (5.6).	
organica or Administra Represent	auve.	completed c	on submission to G	rants.gov e .	Date Signed: Com	pleted on submission to Grants.gov



APPLICATION FOR

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		<u> </u>		<u>.</u>	
Legal Name: City of Mendota			Organizational Unit:		
Address (give city, county, State	e, and zip code):		Name and telephone n	number of person to be contacted	d on matters involving
643 Quince St	, ,		this application (give ar	rea code)	
Mendota, CA 93640			Gabriel Gonza	alez 559-655-3291	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in b	
94-6000	2349		A. State	H. Independent School Dist.	C
8. TYPE OF APPLICATION:			1	I. State Controlled Institution of	Higher Learning
Nev	w Continuation	Revision	C. Municipal	J. Private University	
-			D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	
	crease Award C. Increas (specify):	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other	(specify).		9. NAME OF FEDERA	AL AGENCY:	
-	· · · · · · · · · · · · · · · · · · ·		USDA Rural Dev	elopment	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJEC	CT:
•		10-766	Police Protection	Equipment	
TITLE: Community				RECE	EIVED
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, St.	ates, etc.):		1 8.6.2	
City of Mendota				MAY	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		STATE CLEAF	ING HOUSE
Start Date Ending Date	a. Applicant	STA	b. Project	Cosh	The state of the s
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
		nn	ORDER 12372 PR	ROCESS?	
a. Federal	\$	21,780		APPLICATION/APPLICATION W	
b. Applicant	\$	17,820 00		FOR REVIEW ON:	URDER 12372
c. State	\$	00	DATE	3/17/05	
d. Local	\$			AM IS NOT COVERED BY E. O.	1
e. Other	\$.00	OR PROC	GRAM HAS NOT BEEN SELEC /IEW	TED BY STATE
f. Program Income	\$.00	17 IS THE APPLICAL	NT DELINQUENT ON ANY FED	DERAL DEBT?
g. TOTAL	\$	39,600 [°]		attach an explanation.	✓ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE G	L DATA IN THIS APPLIC	CATION/PREAPPLICAT	TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY	CT, THE WITH THE
a. Type Name of Authorized Rel 'Joseph Riofrio		b. Title Mayor		c. Telephone Number (559) 655-3291	
d Signature of Authorized Repr	esentative	1		e. Date Signed	
y your	1000,000			1	

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General Manager

Previous Edition Usable
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John

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

Kem

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

c. Telephone Number

760-455-3442

APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTE	D	na ang mangang ang kanang mang mang mang mang mang mang mang	Applicant lo	Version 7/0
YPE OF SUBMISSION:	T	3. DATE RECEIVED	RV STATE			
Application	Pre-application	J. DATE RECEIVED	DIJIMIE		State Applic	ation Identifier
☐ Construction	Construction	4. DATE RECEIVED	BY FEDERAL	. AGENCY	Federal Ide	ntifier
Non-Construction 5. APPLICANT INFORMATION	Mon-Construction	<u></u>		<u> </u>		
Legal Name:			Organiza	tional Unit:		
Self-Help Home Improvement I	Project		Departme	ent		
Organizational DUNS: 088852603			Division:			
Address:			Name and	i telephone n	umber of p	erson to be contacted on matters
Street: 3777 Meadowview Drive #100			Prefix:	this applicat	ion (give an irst Name:	ea code)
0.1		***************************************		F	Ceith	
City: Redding			Middle Na	ne		
County: shasta			Last Name Griffith			
State:	Zip Code		Suffix:			
CA Country:	96002		Email:			
United states of America	AS AND HEPAPPER. CT					
6. EMPLOYER IDENTIFICATION				nber (give area	code)	Fax Number (give area code)
95-2990678			530-738-69			530-378-6910
8. TYPE OF APPLICATION:	T771	g==	7. TYPE OF	APPLICANT	: (See back	of form for Application Types)
New If Revision, enter appropriate letter		Revision	Non-Profit	,		
(See back of form for description	of letters.)	П .	Other (speci	fy)		
Other (specify)		L	9. NAME OF	FEDERAL A	GENCY.	
			USDA Rural	Development	!	
10 CATALOG OF FEDERAL DO	OMESTIC ASSISTANCI					ANT'S PROJECT:
		10-433	assistance to	te housing pre o 25 verv low-	servation re income own	pair and rehabilitation er occupied housing
TITLE (Name of Program): Housing Presentation Grant			units in Sha	sta and Tehan	na Counties,	California.
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):				.
Shasta & Tehama Counties, CA				,	:	
13. PROPOSED PROJECT Start Date: 0.11.10.5	Ending Date: 0./1		14. CONGRE a. Applicant	SSIONAL DI		
9/1/05	9/1	/07	2nd		21	
15. ESTIMATED FUNDING:			16. IS APPLIORDER 1237	CATION SUB	JECT TO R	EVIEW BY STATE EXECUTIVE
ı. Federal \$		100,000	- V- IVI T	HIS PREAPP	LICATION/A	PPLICATION WAS MADE
. Applicant \$	METATORINE SERVICE SECURIO DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DEL	100,000	• • • • • • • • • • • • • • • • • • • •	VAILABLE TO ROCESS FOR	, IL 3141	E EXECUTIVE UNDER 12372
. State REC	REIVED	250,000	D	ATE: 5/3	/05	
Locat \$	A CONTRACT OF THE CONTRACT OF	00	b. No. III Pi	ROGRAM IS I	NOT COVER	RED BY E. O. 12372
Other NSAY	6 2005	. 00	<u> </u>	R PROGRAM OR REVIEW	HAS NOT E	BEEN SELECTED BY STATE
Program Income \$	LEARING HOUSE	. 00			LINQUENT	ON ANY FEDERAL DEBT?
TOTAL SIAI- O	LEARING FIOOSL	350,000	☐ Yes If "Yes	s" aifach an ex	mlanation	⊠ No
8. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, A	LL DATA IN THIS APPL	ICATION/PRE	EAPPLICATIO	N ARE TRI	IF AND COPPECT THE
OCUMENT HAS BEEN DULY AUTACHED ASSURANCES IF TH	JTHORIZED BY THE GO	OVERNING BODY OF TI	HE APPLICAN	IT AND THE	APPLICANT	WILL COMPLY WITH THE
. Authorized Representative	E A3313 I ANCE 13 AWA	AKUED.				
refix Fi	rst Name eith			Middle Name		
ast Name riffith			d:	Suffix		
Title xer five Director		1		c. Telephone 530-378-690	Number (give	e area code)
g ure of Authorized Represer	ntative Kart	Heller		e. Date Signe		05
evious Edition Usable	- real	- 10 pp		<u> </u>		Standard Form 424 (Rev.9-2003)
thorized for Local Reproduction		1			Pre	escribed by OMB Circular A-102

APPLICATI				2 DATE SUBMITTE	D		Applicant Identifier	(IND Apployed No. Uses-use
FEDERAL A	ASSIST/	ANCE					N	/A
1. TYPE OF SUBA	NOISZIN			2. CATE RECEIVED	BY STA	π∉	State Applicant Identifier	
1			Pplication		-		N	/A
Construction	- 1		onatruction	4. DATE RECEIVED	BY FEC	ERAL AGENCY	Federal Identifier	
Non-Constru			on-Construction					N/A
6. APPLICANT IN				war tuur anna anna anna anna anna anna anna a				
Legal Name: Rose					Or	genizational Unit	Roseville Police Depart	ortment
Organizational DUI					Dh	deion;		
Address (g/ve city,			(COCh);	INFD 1	Ne	ma and telephor plication (give a	ne number of person to be contacte	d on matters involving this
1051 Jun	ction Bou	levard	RECE	1	1 '	nue: Dee De	· · · · · · · · · · · · · · · · · · ·	
Roseville	, CA 956	78		s 6 2005	\	Dec De	C Guninei	
			YAM /	6 2005	\ Pb	one: (916)	774-5015	
6. EMPLOYER ID	EMTERATIO			EARING HOUSE	-			
U. EMPLOTERIDI		3N NORE 00409	STATE CL	EAM	1		ICANT: (enter appropriate letter	· · ·
	7400	00407			.	A. State B. County	H. Independent School State Controlled Ins	Obst. History of Higher Lemming
8. TYPE OF APPL	CATION:				1	C. Municipal	J. Private University	tunion or reditor Pentillish
	131 +	4		5 5 4 4		D. Township	K. Indian Tribe	
	יובו	and the	☐ Continuation	☐ Revision		E. Interstate F. Intermunicip	L. Individual M. Profit Organization	
If Revision, enter ap	propriate let	tev(a) in t	20X(6sb);			G. Special Dist		
A. Increase Awa	,	B. Decre	asa Award C. I	novembe Duration				
O. Decrease Du	million (Other (sq	secily);		9.	NAME OF FEDE		
					1	0.0E -	Department of Justic	
		·				<i></i>	e of Community Oriented Po	IKING SETVICES
10. CATALOG OF	FEDERAL C	XOMESTI	C ASSISTANCE N	LIMBER:	1		TITLE OF APPLICANT'S PROJE	
		I	1 6	7 1 0			y Communications and	Information
TITLE: 2005 To	chnology I	ı Attiative			T	echnology	Project	
12. AREAS APPECYE	D BY PROJE	T (chiesa	COURTOR, STRING, OCC	.j:	┪			
City of Roses	ville, CA	λ.						
13. PROPOSED PI	ROJECT:		14. CONGRESSI	ONAL DISTRICTS O	 F ;			
Start Date	Ending Da	le .	a. Applicant	•		b. Project		
12/08/2004	12/07/2	ane	4th			4th		
	(,45,(7,7)	CIAIS						
16. ESTIMATED A	INDING:					16. IS APPLIC	CATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
u. Federal		5		493322.0	0	ORDER 1	2372 PROCESS7	
		 			V-1	a. YES. TI	HIS PREAPPLICATION/APPLICAT	TON WAS MADE
b. Applicant		\$.0	ю	A	VAILABLE TO THESTATE EXECU ROCESS FOR REVIEW ON:	JTIVE ORDER 12372
c. State	~~~	-			-	,		
		5		.0	10	۵	May 6, 2005	
d. Local		3			0			
					~	b. NO. [PROGRAM IS NOT COVERED	D BY E.O. 12372
e. Other		£		٥,	O		OR PROGRAM HAS NOT BEE	EN SELECTED BY STATE
							FOR REVIEW	
f. Program Income		\$.0	0			
g. TOTAL		. 40	2 222		_	17. IS YHE AI	PPLICANT DELINQUENT ON ANY	
,		* 49.	3,322	.0	0	[] (44	if "Yes," attach wh explanation.	Œ No
18. TO THE BEST OF	MY KNOWLE	DOE AND	BELIEF, ALL DATA IN	THE APPLICATION P	REAPP	ICATION ARE TR	UE AND CORRECT. THE DOCUMENT	HAS BEEN DULY AUTHORIZED
a. Typed Name of A				MILL SOUND TANK	IN INC	ATTAGRED ABOL	UE AND CORRECT. THE DOCUMENT JRANCES IF THE ABSISTANCE IS AWA	ARDED.
W. Craig Rob	inson			5. TRIG	City	Manager		c. Yelephone number (916)774-5362
d. Signature of Auth	orized Repre	mental ho	1					e. Date Signed
								_
Previous Editions (Jeanle								<u> </u>

Application for		2. DATE SUBMITTED:	A ! Identifier
Federal Assistanc	e		
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
Application	Preapplication		
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
✓ Non-construction	Non-construction		
5. APPLICANT INFORMATION			
Legal Name:	State of California	Organizational Unit:	Department of Health Services
Segar ranner		Name and telephone number of the person to be contacted	
1616 Capitol Avenue, 2nd P.O. Box 997413 Sacramento, CA 95899-74		Glenn	Takeoka (916) 449-5693 re) H. Independent School District I. State Controlled Instituion of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter her	re) A
	-0317191	A. State	H. Independent School District
8. TYPE OF APPLICATION:		B. County C. Municipal	I. State Controlled institution of Fright Learning I. Private University
✓ New Continuat If Revision, enter appropriate letter(s)		D. Township	K. Indian Tribe
A. Increase Award	B. Decrease Award	E. Interstate	L. Individual MAV ***
C. Increase Duration	D. Decrease Duration	F. Intermunicipal	M. Profit Organization 4 2005
Other Specify:		G. Special District	N. Other (Specify): STATE CLEAR.
		9. NAME OF FEDERAL AGENCY:	AND HOUSE
		U. S. Envi	ironmental Protection Agency
10. CATALOG OF FEDERAL	CU 66-472	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:
DOMESTIC ASSISTANCE NU	MBER:	Implementation of Water Quality Mon	itoring and Public Notification Programs
TITLE: BEACH			
12. AREAS AFFECTED BY PROJE	CT (cities, counties, states, etc.)		
State of Califo	onia Coastal Counties		
13. Proposed Project:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project State of California Coastal Areas
		Department of Health Services 16. IS APPLICATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE ORDER
		12372 PROCESS?	The state of the s
15. Esimated Funding:		a. YES, THIS PREAPPLICATION/APP	LICATION WAS MADE AVAILABLE TO
a. Federal	\$ 525,460	THE STATE EXECUTIVE ORDER 1	2372 PROCESSES FOR REVIEW
b. Applicant	\$ -	ON:	
c. State	\$ -	DATE: June 27, 2005	
d. Local	-	b. NO.	
e. Other: 1:1 Match	-	PROGRAM IS NOT COVERE	
f. Program Income			EN SELECTED BY STATE FOR REVIEW
g. TOTAL	\$ 525,460	17. IS APPLICANT DELINQUENT ON A Yes If "Yes," attach an explanation	ANY FEDERAL DEBT? No
TO THE BEST AUTHORIZED	OF MY KNOWLEDGE AND BELIEF, ALL BY THE GOVERNING BODY OF THE API	DATA IN THIS APPLICATION/PREAPPLICATION A	RE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY TH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. Typed name of	Authorized Representative.	b. Title	c. Telephone Number
Richard Jo	seph Jackson, MD, MPH	State Public Health Officer	(916) 440-7400
	thorized Representative		a Data Signad
1 Val	coul \ \a	\overline{C}	4 22 / 2005

PPLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Identifier	-
TYPE OF SUBMISSION:		May 4, 2005 3. DATE RECEIVED BY	STATE	State Application Identifier	4 4 4 4 1 1 4
pplication	Pre-application	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Construction	Construction			1	
Non-Construction APPLICANT INFORMATION	Non-Construction	J .		V-	
al Name:	Mary and a second secon		Organizational Unit Department:		
Mercy Housing Cali	ifornia		Commut	nity Development Department	
anizational DUNS:				acramento	
8832	200909		Name and telephor	ne number of person to be contacted or	matters
dress:eet:		•		Ication (give area code) First Name:	
3120 Freeboard Di	rive, Suite 202		Prefix:	David	
y: West Sacramento			Middle Name	10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A	
unty:			Last Name Wilkinson	<u>, , , , , , , , , , , , , , , , , , , </u>	
Yolo ate:	Zip Code 95691		Suffix:		
CA	30001	r-Marian F	Email:	gmercyhousng.org	
USA EMPLOYER IDENTIFICATI	ION NUMBER /F/N)		Phone Number (give		ode)
			916-414-4419	916-414-4492	
9 4 - 3 0 8 1 6 6 TYPE OF APPLICATION:	<u>[6]</u>		7, TYPE OF APPLI	CANT: (See back of form for Application	Types)
TYPE OF APPLICATION.	ew Continuati	on	Non Profit		
ovicion, enter appropriate la	etter(s) in box(es)	****	Other (specify)		
ee back of form for description	on of letters.)		9. NAME OF FEDE	EDAL AGENCY:	
ther (specify)			USDA		
. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	NCE NUMBER:		TITLE OF APPLICANT'S PROJECT:	
•		10-433	Mercy Housing Ca Housing Preservat	lifomla tion Program	
ITLE (Name of Program):		ساسا نالین	Housing Fresorva	non i rogizini	
2. AREAS AFFECTED BY F	DECT (Cities Count	inx States, etc.):			
	PRODECT (CRISS, CODING	,00, 0,0100, 0,000,			
City of Biggs			14. CONGRESSIO	NAL DISTRICTS OF:	
3. PROPOSED PROJECT lant Date:	Ending Date:	h-,	a. Applicant	b. Project Wally Herger	
September 2005	Augu	ıst 2006	Wally Herger	ON SUBJECT TO REVIEW BY STATE E	XECUTIV
5. ESTIMATED FUNDING:			ODDED 40072 DD	へへをととう	
, Federal	S-IVED	100,000	a, Yes. IZ THIS	PREAPPLICATION/APPLICATION WAS I ABLE TO THE STATE EXECUTIVE ORD	ER 1237
	CFIVEL		PROC	CESS FOR REVIEW ON	
, Applicant R		289,000	DATE	: May 4, 2005	
. Stale	MAY 4 2005			•	1
	111111111111111111111111111111111111111	.00	In No U.ii	BRAM IS NOT COVERED BY E. O. 12372	
. 2004.	TE CLEAHING HOL	ISE	- ORP	ROGRAM HAS NOT BEEN SELECTED B	Y STATE
c. Other STA	TE CLEATITE	- To		REVIEW ICANT DELINQUENT ON ANY FEDERA	
. Program income	1			4771	
, TOTÁL	\$	389,000	☐ Yes If "Yes" al	Itach an explanation.	TUE
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACH <u>ED</u> ASSURANCES	II Y AIII HURIZEU DI I	UE CONFINING DOD.	APPLICATION/PREAP OF THE APPLICANT A	PPLICATION ARE TRUE AND CORRECT AND THE APPLICANT WILL COMPLY W	TH THE
 Authorized Representative 	e		Mi	ddle Name	
Prefix Mr.	First Name Greg	<u> </u>		uffix	
ast Name Sparks				Telephone Number (give area code)	
o. Title Vice President	1.			916-41 <u>4-4439</u>	
1. Signature of Authorized R	epresentative July	11 her		Date Signed May 4, 2005	(Day O.)
Previous Edition Usable Authorized for Lacal Reprodu				Standard Form 424 Prescribed by OMB	(Kev.9-2 Circular <i>f</i>
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APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITT	ED	Applicant Ident	fier Version 7/03
	·	:	3. DATE RECEIVE		05-233 State Application	on Identifier
1. TYPE OF SUBMISSION: Application	Pre-a	oplication				
☑ Construction	CT .	nstruction	4. DATE RECEIVE	D BY FEDERAL AGENC	Y Federal Identifi	er
Non-Construction	Ū No	-Construction				
5. APPLICANT INFORMATION		DEM	117	Organizational L	inle	
Legal Name:	I	חבטו	EIVED	Department:		
City of Redding Organizational DUNS:		MAY 0	1 2005	Division:		
D73780413		WAT U	4 2005	Name and talent	one number of per	son to be contacted on matters
Address: Street:		STATE OLEA	5111	involving this ap	plication (give area	code)
777 Cypress Ave	L	OTATE CLEA	RING HOUSE	Prefix: Mr.	First Name: Randy	
City: Redding				Middle Name	4,	
County:		.	Part Hallen Control	Lest Name Bachman		
Shasta State: CA	Zip Co	ode	-	Suffix:		
Country: United States of America	9600			Email: rbachman@ci.re	dding ca us	
6. EMPLOYER IDENTIFICATION)N NUN	BER (FIN):	· · · · · · · · · · · · · · · · · · ·	Phone Number (Fax Number (give area code)
·				(530) 225-4067		(530) 225-4325
94-6000401 8. TYPE OF APPLICATION:				7. TYPE OF APP	LICANT: (See back	of form for Application Types)
Ø Nev	w	Continuation	n [Revision			
if Revision, enter appropriate let (See back of form for description	ter(s) in	box(es)		Other (specify)		
(286 DECK OLIGINI TOLIGERCIPHOL	i oi ieta					
Other (specify)				Environmental P	DERAL AGENCY: rotection Agency	e .
10. CATALOG OF FEDERAL	DOMES	TIC ASSISTAN	ÇE NUMBER:			CANT'S PROJECT:
			66-60			improvements for the Redding
TITLE (Name of Program):			المالات المالات	Stillwater industr	nai Park	
12. AREAS AFFECTED BY PR	SOJEC	Γ (Citles, Countie	s, States, etc.):			
Redding, Shasta, California						
13. PROPOSED PROJECT					IONAL DISTRICTS	OF: b. Project
Start Date: 10-1-2005	End	ding Date:		a. Applicant CA- 2		
16. ESTIMATED FUNDING:				ODDED 12272 B	DUCESES	REVIEW BY STATE EXECUTIVE
a. Federal 3	· · · · · · · · · · · · · · · · · · ·		336,800	THIS	S PREAPPI ICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$			UU		CESS FOR REVIE	
			275,564	DAT	E: 5/4/2005	_
c. State					-	/ERED BY E. O. 12372
e. Other				D. NO. 11		T BEEN SELECTED BY STATE
f. Program Income				l ^t √ FOE	REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			bu bu			150
1-			612,364	1	attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	r auth	IORIZED BY THI	E GOVERNING BOI	IIS APPLICATION/PREA DY OF THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First	Name ael		<u>_</u>	liddle Name	
Last Name	IMICH	a41			iuffix	
Warren b. Title			· · · · · · · · · · · · · · · · · · ·		. Telephone Number	(give area code)
City Manager		(h.in			530) 225-4061 Date Signed	
d. Signature of Authorized Repr	780	îixîa			Date Signed 3 -	2005- Standard Form A24 (Hey 9-2003)

MAY-04-2005 09:00AM FROM-RCS			619-594-	-4950	T-523 P.002/002 F-545
FEDERAL ASSISTANCE	2. DATE	SUBMITTE)	pplicant l	dentiner
				State Appl	Ication Identifier
1. TYPE OF SUBMISSION:		RECEIVED	BYSIAIE	State App	ication (domino)
Application Preapplica	<u> </u>				
		RECEIVED	BOX. J. C. MAD CONT. CA.	EXCA Legiments	a NERGE
✓ Non-Construction Non-C	onstruction				
5. APPLICANT INFORMATION		n	Organizational I	Unit:	
Legal Name: San Diego State University			Department:		
* Organizational DUNS: 07337134	MAY 0 4 200)5 \	Division:		
Address:					n to be contacted on matters involving
* Street1: 5250 Campanile Drive	STATE CLEARING	HOUSE	this application (gl		P. June and
Street2:	Constitution and an artistation and artistation artistation and artistation artistation and artistation artist		Prefix: Dr.	• First Name:	Edward
* City: San Diego Co	ounty		Middle Name:		
		USA	* Last Name: Be	eighley	
			Suffix: PhD		hiey@attila.sdsu.edu
6. * EMPLOYER IDENTIFICATION NUMBER	1 (EIN):		* Phone Number (Fax Number (give area code)
95-6042721			619 594 2284		619 594 8078
6. TYPE OF APPLICATION:			7. • TYPE OF API	PLICANT:	Other (Specify)
✓ New Continuation	Revision .		Other (specify) auxiliary to SDSU	non profit 501/c/9	
If Revision, enter appropriate letter(s) in box(es	oaso Duration	-		DERAL AGENCY:	11 = 17
A. Increase Award B. Decrease Award C. Incr D. Decrease Duration Other (specify):	adsa Daration		Environmental Pro		
10. CATALOG OF FEDERAL DOMESTIC A	SSISTANCE 66	3.463	11. * DESCRIPTI	VE TITLE OF APPL	ICANT'S PROJECT:
TITLE: Water Quality Cooperative Agroements					ation Tools and Methods for
12. * AREAS AFFECTED BY PROJECT	(Cities, Counties, States, etc.):		Stormwater Trea	atment BMPs.	
CA State, Riverside & SD County, Cty SD					
13. * PROPOSED PROJECT:			14. * CONGRESS	SIONAL DISTRICTS	OF:
* Start Date	* Ending Date		* a. Applicant		* b. Project
08/15/2005	08/14/2007		53		∨arious .
15. ' ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
*a. Federal \$	104,094.00		ORDER 12372 PI		CATION WAS MADE AVAILABLE TO
* b. Applicant 5	82,833.00		THE STATE EXEC	CUTIVE ORDER 1237	2 PROCESS FOR REVIEW ON:
* c. State \$	0.00		⊘ YES	DATE 04/22	2/2005
* d. Local s	0.00		b. PROG	GRAM IS NOT COVER	ED BY E.O. 12372
* e. Other \$	0.00		OR PA	AOGRAM HAS NOT B	EEN SELECTED BY STATE FOR REVIEW
* f. Program Income s	0.00		17. IS THE APPL	LICANT DELINQUE	IT ON ANY FEDERAL DEBT?
g. TOTAL s	(36),1172,344		Yos If "Y	Yes," attach an expl	anation. V No
18. 'TO THE BEST OF MY KNOWLEDGE AND BELIEF GOVERNING BODY OF THE APPLICANT AND THE AP	, ALL DATA IN THIS APPLICATIO PLICANT WILL COMPLY WITH TH	N/PREAPPLICA	TION ARE TRUE AND ASSURANCES IF THE	CORRECT. THE DOCUMENT ASSISTANCE IS AWARD	MENT HAS BEEN DULY AUTHORIZED BY THE JED.
	First Name: Thomas			Middle Name R.	Manager Manage
Representative * Last Name: Scott	L. L. L. L. L. L. L. L. L. L. L. L. L. L				Suffix: PhD
* b. Title: Interim, Associate Vice Presiden	t Research	" c. Telep	hana Number (glv	e area code): 619-	594-0905
- Email: awards@foundation.sdsu.edu		Fax Num	ber (give area cod	de): 619-	594-4109
d. Signature of Authorized Representative:	Completed on sub	omission to G	irants.gov	e. Date Signed: Co	mpleted on submission to Grants.gov

APPLICATION FOR				OND Approvative, 0540-004
FEDERAL ASSISTAN	1CE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
✓ Non-Construction	☐ Non-Construction			
5. APPLICANT INFORMATION				·
Legal Name:			Organizational Unit:	
City of San Joaquin			Public Body	· · ·
Address (give city, county, State,	and zip code):		Name and telephone r	number of person to be contacted on matters involvin
P O BOX 758			this application (give ar	rea code)
San Joaquin, CA 9366			Lupe Estrada	(559) 693-4311 ext. 20
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94-4000	413			C
		***************************************	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			1	I. State Controlled Institution of Higher Learning
✓ New	☐ Continuation	Revision	C. Municipal	J. Private University
IS Devictor and a representate lette	(3) - ()		D. Township	K. Indian Tribe
If Revision, enter appropriate lette	r(s) in box(es)		I .	L. Individual M. Profit Organization
A. Increase Award B. Decre	ease Award C. Increase	Disation	· ·	M. Profit Organization
D. Decrease Duration Other(s)		Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Otherps	secny).		9. NAME OF FEDERA	L AGENCY:
			USDA Rural Deve	elopment
10. CATALOG OF FEDERAL DO	<u></u>			LE OF APPLICANT'S PROJECT:
TITLE: Community F	L	1 0 - 7 6 6	Van for transporti public works proje	ing inmate work crew to City for city ects.
12. AREAS AFFECTED BY PROJ		toe etc l		
San Joaquin	Teo (Olico, Odullioo, Class	65, 610. <i>j</i> .		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date Ending Date a	a. Applicant 20 - Co	1	b. Project	20 Costa
15. ESTIMATED FUNDING:		1	16. IS APPLICATION S	SUBJECT TO REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PR	
a. Federal	\$	22,500	~ VEQ THIS PREAM	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$	7,500	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$.00		
d. Local	S DEOEIN	00	DATE	
- 00	1 HECEWE			M IS NOT COVERED BY E. O. 12372
e. Other	1	REAL DOMAN		RAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	MAY 4 200	"'' I· L	FOR REVI	
TOTAL	CTATE OF STATE AND ADDRESS OF THE PERSON OF		17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?
	STATE CLEARING H		·	ttach an explanation.
				ON ARE TRUE AND CORRECT, THE
			APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF TH				a Talanhana Numbar
 Type Name of Authorized Repre- Cruz Ramos 		_{b. Title} City Manger		c. Telephone Number 693-4311
d. Signature of Authorized Represe		Oity Manger		
a. Orginatally of Mathonized Represe	The same		1	e. Date Signed

Previous Edition Usable

Authorized for Local Reproduction

Legal Name: City of San Joaquir		Organizational Unit: Public Body
Address (give city, county, State		Name and telephone number of person to be contacted on matters involving
P O BOX 758	e, and Eip occop.	this application (give area code)
San Joaquin, CA 93	660	
6. EMPLOYER IDENTIFICATION		Lupe Estrada (559) 693-4311 ext. 20 7. TYPE OF APPLICANT: (enter appropriate letter in box)
94-6000		A. State H. Independent School Dist.
8. TYPE OF APPLICATION:		B. County I. State Controlled Institution of Higher Learning
☑ Ne	w Continuation Revision	C. Municipal J. Private University D. Township K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)	E. Interstate L. Individual F. Intermunicipal M. Profit Organization
A. Increase Award B. De D. Decrease Duration Other	crease Award C. Increase Duration (specify):	G. Special District N. Other (Specify)
		9. NAME OF FEDERAL AGENCY:
		USDA Rural Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
	1 0 - 7 6 6	Police Car for increased patrolling within City Limits
TITLE: Community		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, States, etc.):	
San Joaquin	ϵ	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	
Start Date Ending Date	a. Applicant 20 - Costa	b. Project 20 Costa
15. ESTIMATED FUNDING:	20 000.0	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
		ORDER 12372 PROCESS?
a. Federal	\$ 30,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$ 10,000	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. State	\$ 00	
d. Local	* RECEIVED	DATE
d. Local		b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	s MAY 4 2005 .0	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	STATE CLEARING HOUSE	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 40,000	Yes If "Yes," attach an explanation.
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL DATA IN THIS APPLICA	ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
		APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep	THE ASSISTANCE IS AWARDED. resentative b. Title	c. Telephone Number
Cruz Ramos	City Manger	693-4311
d. Signatule of Authorized Repre-		e. Date Signed 4-22-05
Previous Edition Usable		Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction		Prescribed by OMB Circular A-102

	E ·	2. DATE SUBMITTED		Applicant Ide	ntifier
. TYPE OF SUBMISSION:	Dan and Visit	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
pplication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Ident	ifier
Construction Non-Construction	Construction Non-Construction				
APPLICANT INFORMATIO			1		
egal Name:			Organizational L	Jnit:	
ity of Lindsay			N/A	***************************************	
rganizational DUNS:			Division:		
ddress:			Name and telepi	none number of pe	erson to be contacted on matte
reet:			Prefix:	pplication (give are First Name:	ea code)
i1 E. Honolulu			Mr. Middle Name	Scot	
ty: ndsay			B.		
ounty: ilare			Last Name Townsend		
ate:	Zip Code 93247		Suffix:		
ountry:			Email:		
SA EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		sbtownsend@line Phone Number (g		Fax Number (give area code)
94-6000357			559-562-7103		559-562-7100
TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	k of form for Application Types)
▽ Ne		n Revision	Municipal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
levision, enter appropriate let be back of form for description	tter(s) in box(es)		Other (specify)		
·		in the same of the			
ner (specify)			NAME OF FED	ERAL AGENCY:	
. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	E TITLE OF APPLIC	CANT'S PROJECT:
). CATALOG OF FEDERAL	DOMESTIC ASSISTANC		11. DESCRIPTIVE	E TITLE OF APPLIC	CANT'S PROJECT:
CATALOG OF FEDERAL TLE (Name of Program):	DOMESTIC ASSISTANC	E NUMBER:		E TITLE OF APPLIC	CANT'S PROJECT:
TLE (Name of Program):		1 0 - 7 6 6		E TITLE OF APPLK	CANT'S PROJECT:
LE (Name of Program):	OJECT (Cities, Counties	1 0 - 7 6 6		E TITLE OF APPLIC	CANT'S PROJECT:
LE (Name of Program): AREAS AFFECTED BY PRodsay, Tulare County, Califor	ROJECT (Cities, Counties nia	1 0 - 7 6 6	Lindsay Library	ETITLE OF APPLIC	
TLE (Name of Program): AREAS AFFECTED BY PRodsay, Tulare County, Califor PROPOSED PROJECT art Date:	NOJECT (Cities, Counties nia	1 0 - 7 6 6	Lindsay Library 14. CONGRESSIC a. Applicant	ONAL DISTRICTS (DF: b. Project
TLE (Name of Program): AREAS AFFECTED BY PRINTED BY PRINTED BY PRINTED BY PROJECT IN Date: y 2005	ROJECT (Cities, Counties nia	1 0 - 7 6 6	Lindsay Library 14. CONGRESSIC a. Applicant 21	DNAL DISTRICTS (DF: b. Project 21
AREAS AFFECTED BY PENDS AREAS AFFECTED BY PENDS AREAS AFFECTED BY PENDS AREAS AFFECTED BY PROJECT AREAS AREA	NOJECT (Cities, Counties nia	1 0 - 7 6 6 , States, etc.):	14. CONGRESSIC a. Applicant 21 16. IS APPLICATIONDER 12372 PR	ONAL DISTRICTS (ION SUBJECT TO OCESS?	DF: b. Project 21 REVIEW BY STATE EXECUTIV
TLE (Name of Program): AREAS AFFECTED BY PROSENT AND AREAS AFFECTED BY PROSED PROJECT AND AREAS	NOJECT (Cities, Counties nia	1 0 - 7 6 6 , States, etc.):	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR 3. Yes THIS	DNAL DISTRICTS (ION SUBJECT TO OCESS? PREAPPLICATION.	DF: b. Project 21 REVIEW BY STATE EXECUTIV /APPLICATION WAS MADE
TLE (Name of Program): AREAS AFFECTED BY PROJECT IN DATE: y 2005 ESTIMATED FUNDING: FEDERAL SDA	NOJECT (Cities, Counties nia	1 0 - 7 6 6 , States, etc.):	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR a. Yes. THIS AVAIL	DNAL DISTRICTS (ION SUBJECT TO OCESS? PREAPPLICATION.	DF: b. Project 21 REVIEW BY STATE EXECUTIV /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
AREAS AFFECTED BY PF indicated by the county of the county	NOJECT (Cities, Counties nia	1 0 - 7 6 6 , States, etc.):	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR a. Yes. THIS AVAIL	ONAL DISTRICTS OF THE STATES O	DF: b. Project 21 REVIEW BY STATE EXECUTIV /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
AREAS AFFECTED BY PRODUCT AND ASSESSED AND ASSESSED ASSES	NOJECT (Cities, Counties nia	1 0 - 7 6 6 . States, etc.):	14. CONGRESSION a. Applicant 21 16. IS APPLICATION TO THIS AVAIL PROCEUTION TO THE P	ONAL DISTRICTS OF COMMENT OF COMM	DF: b. Project 21 REVIEW BY STATE EXECUTIV /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
AREAS AFFECTED BY PR Indicated by the state of the state	NOJECT (Cities, Counties nia	1 0 - 7 6 6 States, etc.): 750,000 30 36	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR a. Yes. THIS DATE D. No. PROG	DNAL DISTRICTS OF THE PROPERTY OF THE STATE	DF: b. Project 21 REVIEW BY STATE EXECUTIV APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372
TLE (Name of Program): . AREAS AFFECTED BY PF indsay, Tulare County, Califor . PROPOSED PROJECT art Date: . ty 2005 . ESTIMATED FUNDING: Federal SDA Applicant State \$ Local .ity of Lindsay/Hospital Dis Other ounty of Tulare \$	NOJECT (Cities, Counties nia	750.000 750.000 199,891	14. CONGRESSION a. Applicant 21 16. IS APPLICATION THIS AVAIL PROCUMENTS. AVAIL PROCUMENTS. PROGUMENTS. ONAL DISTRICTS OF COMMENT OF COME	DF: b. Project 21 REVIEW BY STATE EXECUTIV /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 / ON ERED BY E. O. 12372 I BEEN SELECTED BY STATE	
TLE (Name of Program): . AREAS AFFECTED BY PF Indsay, Tulare County, Califor . PROPOSED PROJECT art Date:	NOJECT (Cities, Counties nia	750,000 30 30 30 30 30 30 30 30 30 30 30 30	14. CONGRESSION a. Applicant 21 16. IS APPLICATION THIS AVAIL PROCUMENTS. AVAIL PROCUMENTS. PROGUMENTS. ONAL DISTRICTS OF COMMENT OF COME	DF: b. Project 21 REVIEW BY STATE EXECUTIV APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372	
AREAS AFFECTED BY PENDISON TUBER OF PROJECT and Date: 1y 2005 FEDERAL STIMATED FUNDING: Federal SDA Applicant \$ State \$ Local ity of Lindsay/Hospital Dis State \$ Dither county of Tulare	NOJECT (Cities, Counties nia	750.000 30 30 750,000 199,891 750,000 126,000 30 30 30 30 30 30 30 30 30 30 30 30	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR a. Yes. THIS AVAIL PROC DATE b. No. PROG OR PF FOR F 17. IS THE APPLI	ONAL DISTRICTS OF COMMENT OF COME	DF: b. Project 21 REVIEW BY STATE EXECUTIV APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE ATE ON ANY FEDERAL DEBT?
AREAS AFFECTED BY PRINTED BY PROPOSED PROJECT INT Date: y 2005 ESTIMATED FUNDING: Federal SDA Applicant \$ State \$ Local State S	ROJECT (Cities, Counties nia Ending Date: Nov. 2006	1 0 - 7 6 6 States, etc.): 750.000 199,891 750,000 126,000 1,699,891 ALL DATA IN THIS APPL	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR THIS a. Yes. THIS DATE b. No. PROG OR PF FOR F 17. IS THE APPLI Yes If "Yes" att	DNAL DISTRICTS OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMME	DF: b. Project 21 REVIEW BY STATE EXECUTIV APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 I BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? No RUE AND CORRECT. THE
AREAS AFFECTED BY PROGRAM: AREAS AFFECTED BY PROGRAM: CONTROLL TO THE BEST OF MY KNOCKUMENT HAS BEEN DULY COMMENT HAS BEEN DULY	ROJECT (Cities, Counties nia Ending Date: Nov. 2006	1 0 - 7 6 6 States, etc.): 750.000 750.000 199,891 750,000 1,699,891 ALL DATA IN THIS APPL	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR THIS a. Yes. THIS DATE b. No. PROG OR PF FOR F 17. IS THE APPLI Yes If "Yes" att	DNAL DISTRICTS OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMME	DF: b. Project 21 REVIEW BY STATE EXECUTIV APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 I BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT?
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AREAS AFFECTED BY PENDS AFFECTED BY 2005 ESTIMATED FUNDING: FEDERAL \$ Local STATE AFFECTED BY STATE AFFECTED BY STATE AFFECTED BY STATE ACHED ASSURANCES IF AUthorized Representative	ROJECT (Cities. Counties nia Ending Date: Nov. 2006	1 0 - 7 6 6 States, etc.): 750.000 750.000 199,891 750,000 1,699,891 ALL DATA IN THIS APPL	14. CONGRESSION a. Applicant 21 16. IS APPLICATION THIS AVAIL PROCUMENTS OF PROCUMENTS	DNAL DISTRICTS OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMME	DF: b. Project 21 REVIEW BY STATE EXECUTIV APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 I BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? No RUE AND CORRECT. THE
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AREAS AFFECTED BY PENDASAY, Tulare County, Califor, PROPOSED PROJECT and Date: 19 2005 ESTIMATED FUNDING: Federal SDA Applicant \$ State \$ Local ity of Lindsay/Hospital Dis Dether sounty of Tulare rogram Income \$ FOTAL \$ TO THE BEST OF MY KNO CUMENT HAS BEEN DULY ACHED ASSURANCES IF Authorized Representative fix it Name wasend	ROJECT (Cities. Counties nia Ending Date: Nov. 2006	1 0 - 7 6 6 States, etc.): 750.000 750.000 199,891 750,000 1,699,891 ALL DATA IN THIS APPL	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR a. Yes. THIS AVAIL PROC DATE b. No. PROG OR PF FOR F 17. IS THE APPLI Yes If "Yes" att ICATION/PREAPHE APPLICANT AI	ONAL DISTRICTS OF COMMENT OF COMM	DF: b. Project 21
AREAS AFFECTED BY PRINTERS AFFECTED BY PRINTERS AFFECTED BY PRINTERS AFFECTED BY PRINTERS AFFECTED BY PROPOSED PROJECT and Date: IN 2005 ESTIMATED FUNDING: Federal SDA Applicant \$ State \$ Local State St	ROJECT (Cities, Counties nia Ending Date: Nov. 2006 Nov. 2006 Nov. 2006 ROME	1 0 - 7 6 6 States, etc.): 750.000 750.000 199,891 750,000 1,699,891 ALL DATA IN THIS APPL	14. CONGRESSIC a. Applicant 21 16. IS APPLICATI ORDER 12372 PR a. Yes. THIS AVAIL PROC DATE b. No. PROG OR PF FOR F 17. IS THE APPLI Yes If "Yes" att ICATION/PREAPF HE APPLICANT AI Mid. B. Suff c. T. 555	DNAL DISTRICTS OF COMMENT OF COMM	DF: b. Project 21

STATE CLEARING HOUSE

MAY **3** 2005

FEDERAL ASSISTANCE		2. DATE	2. DATE SUBMITTED April 1, 2005		Applicant Identifier	
1. TYPE OF SUBMISSION:		3 DATE	RECEIVED B	•		
plication	Preapplication	J. DATE	UECEIVED B	SIAIE	State Application Identifier	
Construction	☐ Construction	4. DATE I	RECEIVED B'	FEDERAL AGEN	ICY Federal Identifier	
X Non-Construction	Non-Construction	<u> </u>			· ·	
5. APPLICANT INFORMATION Legal Name:	N.					
City of Woodlak	۵			Organizational Ur	nit:	
Address (give city, county, Stat	e, and zip code):	· · · · · · · · · · · · · · · · · · ·		Name and teleph	One number of person to be	
350 N. VALENCIA	County of To	Name and telephone number of person to be contacted on matters involve this application (give area code)				
WOODLAKE, CA. 932	286	Bill Lewi	,			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			7 TYPE OF APP	LICANT: (enter appropriate letter in box)	
0	0 4 5 8					
8. TYPE OF APPLICATION:				A. State	H. Independent School Dist.	
X Ne	🗀 o			B. County C. Municipal	I. State Controlled Institution of Higher Learning	
1		∐ H€	evision	D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)			E. Interstate	L. Individual	
A 1000000	. —	L		F. Intermunicipa	M. Profit Organization	
A. Increase Award B. De D. Decrease Duration Other	crease Award C. Increase (specify):	Duration	•	G. Special Distri	ct N. Other (Specify)	
		,		9. NAME OF FED	ERAL AGENCY:	
				USDA RUI	RAL DEVELOPMENT	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:		11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:	
g 0.1 5		1 0 —	7 6 6		PUBLIC SAFETY EQUIPMENT	
L	Y FACILITIES					
12 AREAS AFFECTED BY PR	OJECT (Cities, Counties, Stat	es, etc.):				
WOODLAKE, CALIFO	RNTA					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF	<u> </u>			
	THE GOTTON TO THE DIS	THIC IS OF	. 51			
Start Date Ending Date	a. Applicant			b. Project		
7/1/05 6/30/06 15. ESTIMATED FUNDING:	DEVIN NUNES			DEVIN N	UNES	
15. ESTIMATED FUNDING:					ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$ 51,700.		00	ORDER 12372	PROCESS?	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	•	a YES THIS DE	REAPPLICATION/APPLICATION WAS MADE	
b. Applicant	\$ 42,300.		00	AVAILAE	BLE TO THE STATE EXECUTIVE ORDER 12372	
c. State			00	PROCES	SS FOR REVIEW ON:	
c. otate	\$			DATE _		
d. Local	\$		00	_	***	
e. Other	\$		<u></u>	b. No. PROG	RAM IS NOT COVERED BY E. O. 12372	
		•			OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW	
f. Program Income	\$		∞			
g. TOTAL	\$ 94,000.	, , , , , , , , , , , , , , , , , , ,	<u></u>		ANT DELINQUENT ON ANY FEDERAL DEBT?	
	-	0.			," attach an explanation.	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	LEDGE AND BELIEF, ALL	DATA IN TH	HIS APPLICA	TION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE	
ATTAOTICE ASSURANCES IF	THE ASSISTANCE IS AWAR	ERNING BO DED.	ODY OF THE	APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE	
 Type Name of Authorized Repr WILLIAM T.EWTS. 	esentative b	. Title CITY	MAMA CETE		c. Telephone Number	
ature of Authorized Repres	sentative		AECT	=IVED	(559) 564–8055	
					e. Date Signed 4/4/05	
Previous Edition Usable	1		MAY	3 2005	Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	1				Prescribed by OMB Circular A-102	
		s	TATE CLEA	RING HOUSE	<u>,</u>	

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE		2. DATE SUBMITTED April 29, 2005		Applicant Identifier V-00940410-0				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier				
Application	Preapplication 3. DATE RECEIVED BY			State Application Institution				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL	AL AGENCY Federal Identifier				
✓ Non-Construction	Non-Construction							
5. APPLICANT INFORMATION			I C					
Legal Name: DEPARTMENT OF T		CES CONTROL	Organizational Unit: SITE MITIGATION PROGRAM					
Address (give city, county, State,			Name and telephone number of person to be contacted on matters involving this application (give area code)					
1001 I STREET, FLO SACRAMENTO, CA	· ·	(806	Carol	l O'Bryant (916) 323-3372				
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)					
68-0281	3 8 1		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe					
8. TYPE OF APPLICATION:								
☐ New	Continuation	Revision						
If Revision, enter appropriate lette	er(s) in box(es)		E. Inters	·				
in Novision, office appropriate force	3.(0) 55.(65)			rmunicipal M. Profit Organization				
	rease Award C. Increase	e Duration	G. Spec	G. Special District N. Other (Specify)				
B. Booleaso Baranon Calonte	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. NAME OF FEDERAL AGENCY:					
			UNITED STATES ENVIRONMENTAL PROTECTION AGE					
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
666-802				SUPERFUND MULTI-SITE MANAGEMENT ASSISTANCE TO PROVIDE OVERSIGHT OF FEDERAL				
TITLE: CERCLA			\$	DNAL PRIORITY LIST SITES.				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA								
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	<u> </u>					
Start Date				at .				
15. ESTIMATED FUNDING:			16. IS AP	PPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
			ORDE	ER 12372 PROCESS?				
a. Federal	\$	600,000	a. YES.	S. THIS PREAPPLICATION/APPLICATION WAS MADE				
b. Applicant	\$.00		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. State	\$	00		DATE04/29/05				
d. Local	\$.00	b. No.	□ PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other	\$.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
f. Program Income	\$		17. IS TH	HE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
3. TOTAL \$ 600,000			Yes If "Yes," attach an explanation.					
	AUTHORIZED BY THE GO	L DATA IN THIS APPLIC		REAPPLICATION ARE TRUE AND CORRECT, THE CANT AND THE APPLICANT WILL COMPLY WITH THE				
a. Type Name of Authorized Rep	b. Title		c. Telephone Number (916) 323-3576					
Dorothy Rice d. Signature of Authorized Regree	sentative	RECEIVE	ED	e. Date Signed				
Morry 19	4			5.7.05				
Previous Edition Usable Authorized for Local Reproduction	n	MAY 3 20	05	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102				
	STATE CLEARING HOUSE							

							OMB Approval No. 0348-0043		
APPLICATION	FOR		ì	2. DATE SUBMITT	TED	Applica	ant Identifier		
FEDERAL ASS	ISTANC	\mathbf{E}			*	1			
1. TYPE OF SUBMISS	ION:			3. DATE RECEIVE	ED BY STATE	State A	pplication Identifier		
Application		Preapplication							
Construction		Construction							
■ Non-Construction		□ Non-Construction		4. DATE RECEIVE	D DV FEDERAL	ACENCY Fodors	l Identifier		
A DDI LOANTE INFOE	MATION			4. DATE RECEIVE	LU DY FEDERAL	AGENCI Federa	i fuentinei		
5. APPLICANT INFOR Legal Name	CWIATION			Organizational Unit	•		The state of the s		
	v Metropol	itan Transportation A	uthority		ing and Poli	cy Analysis			
Los Angeles County Metropolitan Transportation Authority Address (give city, state, and zip code):							on matters involving this application (give		
One Catery	av Dlaga			area code)					
One Gatew	-	. 00013 3053		Steve Henl	ev				
Los Angeles, California 90012-2952				(213) 922-3093					
6. EMPLOYER IDENT		NUMBER (EIN):	A CONTRACTOR OF THE CONTRACTOR	7. TYPE OF APPLICANT: (enter appropriate letter in box)					
95 - 44 0 1				╡		6.1.101.			
8. TYPE OF APPLICA	TION:			A State	H Independent	School Dist. lled Institution of Hig	har Lagraing		
New x Conti	nuntion De	evision		B County C Municipal	J Private Univ		ner Learning		
New A Contin	nuation ix	evision		D Township	K Indian Trib	•			
				E Interstate	L Individual				
If Revision, enter appro	priate letter(s) in box(es): A		1	nl M Profit Org ct N Other (Spe	,			
A Increase Award	B Decrease	Award C Increase Du	ration	G Special Distri	et 14 Other (spe	ectry)			
D Decrease Duration				State Chart	ered Transi	t District			
				9. NAME OF FED	ERAL AGENCY				
				Federal Tr	ansit Admir	nistration			
		4ESTIC 20 - 5		···		LICANTS PROJECT	`:		
10. CATALOG OF FEI		AESTIC 20 - 5	UU						
ASSISTANCE NUM		0			-				
TITLE 49 U.S.	.c. g 550	9		Metro Rail	- Segment 3 -	North Hollywoo	d ₃ CA-03-0392-13		
					I HEC	;FIVED			
		acon (tit		_	- a mark	The IV L			
12. AREAS AFFECTE	D BY PROJE	CCT (cities, counties, state	es, etc.)		MAY	9 200F			
City of Los A	Angeles, (County of Los Ar	geles, CA		1416/1	2 2005			
	g, ·				STATE ALL	* 6			
13. PROPOSED PROJ	ECT	14. CONGRESSIONAL	L DISTRICTS OF		SIAIE CLE	ARING HOUSE			
Start Date		Ending Date	a. Applicant	•	Andrews I was a second of the	b: Project			
07.01.20	0.4	12/21/2005	Districts 25	20 42 46		Districts 27	20 20 21 22 24		
07-01-20	04	12/31/2005	Districts 25 –	39, 42, 40		Districts 27,	28, 30, 31, 33, 34		
15. ESTIMATED FUN	DING						ER 12272 PROCESS?		
a Federal	\$	669,702.00	1			VAS MADE AVAILA	BLE TO THE STATE EXECUTIVE		
			ORDER 1	2372 PROCESS FOR	REVIEW ON				
			DATE 4	DATE 4/28/2005					
			b NO 🏻 PI	ROGRAM IS NOT COVERED BY E O 12372					
			⊔ OR	PROGRAM HAS NO	OT BEEN SELEC	CTED BY STATE FOI	R REVIEW		
b Applicant	\$.00							
c State	\$.00							
d Local	\$	167,426.00							
e Other	\$.00							
f Program Income	\$.00	17. IS THE APPLI	CANT DELINQUEN	T ON ANY FEDE	CRAL DEBT?			
			☐ ☐ Yes If "	Yes" attach an explan	ation 🗵 l	No			
g TOTAL		025 120 00							
g TOTAL	\$	837,128.00							
				DDD 1 DD	n movie	NOT THE DESCRIPTION	THAC DEEN DAILY ADDRESS TO THE		
18. TO THE BEST OF MY GOVERNING BODY OF T	KNOWLEDG	E AND BELIEF, ALL DATA NT AND THE APPLICANT	A IN THIS APPLICATION : WILL COMPLY WITH TH	PREAPPLICATION ARI IE ATTACHED ASSURA	E TRUE AND CORI ANCES IF THE ASS	CECT. THE DOCUMEN SISTANCE IS AWARDE	T HAS BEEN DULY AUTHORIZED BY THE D		
			· · · · · · · · · · · · · · · · · · ·						
a Typed Name of Autho	rized Repres	entative			b Title		c Telephone number		
					Dingston		(212) 022 2452		
GLADYS LOV	VΕ				Director, Regional Pi	rogram Management	(213) 922-2459		
d. Signature of Authoria	zed Represen	tative			e. Date Sigr				
	\swarrow					1-29-0	2 T		
	Jon	U			/		7		
	ı								

DTSC

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTE	D	Applicant Identifier Version 7/0			
TYPE OF SUBMISSION:		3. DATE RECEIVED	D BY STATE				
plication	Pre-application		_	State Applica	ation Identifier		
Construction	Construction		BY FEDERAL AGENCY	Federal Iden	tilier .		
Non-Construction	Non-Construction						
 APPLICANT INFORMATION Legal Name: 	<u> </u>		10				
California Department of Toxic	Substant Commen		Organizational Unit: Department:				
Organizational DUNS:	SUDSTANCES CORTO		Science, Pallution Pre	Tone noilnove	echnology Development		
949010870			Division; Office of Pollution Pre	vention & Tec	chnology Development		
Address:			Name and talephone	number of a	erson to be constacted on marge		
1001 "I" Street, P.O. Box 806	I RECE		involving this applic	ation (give are First Name:	ea codo)		
~itu:		IVED	Mr.	Robert			
Cily; Sacramonia	MAY O	9 222	Middle Name		, , , , , , , , , , , , , , , , , , ,		
County: Sacramento	RECE	2 2005 - -	Last Name	Ludwig			
State; California	1		Suffix:				
California Country:	2000 AGE CLEAR	NG HOUSE					
JSA '			Email: rludwig@dtsc.ca.gov	V			
E. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give an	ea code)	Fax Numhar (give area code)		
68-0281381	1		(916) 324-2659		(916) 327-4494		
TYPE OF APPLICATION:				NT: (See har	ck of form for Application Types)		
∇ Ne	w [Continuation	n Revision			y or form for Application Types)		
Revision, enter appropriate let lee back of form for description	tter(s) in box(es)			A Other (specify)			
and not the state of the state	TO THE COLOR		Other (specify)				
Other (specify)		<u> </u>	S. NAME OF FEDERA	3. NAME OF FEDERAL AGENCY:			
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANT	AE NUMBER.	USEPA				
	DOMESTIC MSSISTANI		11. DESCRIPTIVE TIT				
(TI E /Name of Brogram)		66-700	Safer Alternatives to T Garment Cleaning	Junic and AOC	Spotting Chemicals in Professions		
TLE (Name of Program): Pollution Prevention Grant (form	nerly PPI\$)						
2. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):					
State-wide	•						
3. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	OF:		
lart Date: 0/01/05	Ending Date: 03/31/07		a. Applicant		b. Project		
5. ESTIMATED FUNDING:	03/3 1/07		State-wide	CUD CCT TA	REVIEW BY STATE EXECUTIVE		
Endard			ORDER 12372 PROCE	552			
. Federal 5		50,000	THIS PRE	APPLICATION	NAPPLICATION WAS MADE		
. Applicant \$		ω.		LE TO THE STATE EXECUTIVE ORDER 1237; S FOR REVIEW ON			
. State \$		50,000					
		'	DATE: Ap	ril 18., 2005			
. Local \$, w	b. No. I PROGRAM	A IS NOT COV	'ERED BY E. O. 12372		
. Other S		, DIA	OR PROG	RAM HAS NO	T BEEN SELECTED BY STATE		
		w		EW			
Program Income \$			IT. IS THE APPLICAN	II DECINQUE	NT ON ANY FEDERAL DEBT?		
TOTAL \$		100.000	Yes If "Yes" attach	an explanation	ı.		
TOTAL \$	WLEDGE AND BELIEF	100,000 THIS	Yes If "Yes" attach	ATION AND	BUE AND COORDER THE		
TOTAL \$ TO THE BEST OF MY KNO CUMENT HAS BEEN DULY	AUTOURIZED BY THE	, ALL DATA IN THIS A	ARRI ICATION/PREARDLIC	ATION AND	BUE AND COORDER THE		
TOTAL S TO THE BEST OF MY KNO COMENT HAS BEEN DULY TACHED ASSURANCES IF Authorized Representative	THE ASSISTANCE IS A	, ALL DATA IN THIS A	ARRI ICATION/PREARDLIC	ATION AND	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
TOTAL S TO THE BEST OF MY KNO COMENT HAS BEEN DULY TACHED ASSURANCES IF Authorized Representative	THE ASSISTANCE IS A	, ALL DATA IN THIS A	ARRI ICATION/PREARDLIC	TATION ARE T	BUE AND COORDER THE		
TOTAL \$ S. TO THE BEST OF MY KNO DCUMENT HAS BEEN DULY TACHED ASSURANCES IF Authorized Representative etx	THE ASSISTANCE IS A	, ALL DATA IN THIS A	APPLICATION/PREAPPLIC OF THE APPLICANT AND I	TATION ARE T	BUE AND COORDER THE		
TOTAL B. TO THE BEST OF MY KNO DCUMENT HAS BEEN DULY TTACHED ASSURANCES IF Authorized Representative retry retry retry retry GSI Name Wong	THE ASSISTANCE IS A	, ALL DATA IN THIS A	APPLICATION/PREAPPLIC OF THE APPLICANT AND 1	TATION ARE T	BUE AND COORDER THE		
B. TO THE BEST OF MY KNO COMMENT HAS BEEN DULY TTACHED ASSURANCES IF Authorized Representative retix Title Title To The BEST OF MY KNO SERVICE TO THE BEST OF MY KNO	THE ASSISTANCE IS A	100,000 , ALL DATA IN THIS A GOVERNING BODY (WARDED.	MIDDE SUIFIX C. Telep	ATION ARE TO THE APPLICATION Arms Thomas Number	BUE AND COORDAN BUE		
TOTAL \$ I. TO THE BEST OF MY KNO DCUMENT HAS BEEN DULY TACHED ASSURANCES IF Authorized Representative etx IST Name Wong	THE ASSISTANCE IS A First Name Jeffrey utlon Prevention and Tec	100,000 , ALL DATA IN THIS A GOVERNING BODY (WARDED.	MIDDE SUIFIX C. Telep	ATION ARE THE APPLICA Name hone Number 22-2842	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		

APPLICATION FOR		DATE CHEMITTED		Applicant Identifier			
FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/29/05		Applicant Identifier			
1. TYPE OF SUBMISSION:	3. DATE RECEIVED B	Y STATE	State Application Identifier				
Application	Preapplication	1 5 475 550511(50.5)	VEEDERAL ACENOV	Federal Identifier			
Construction	Construction Non-Construction	Y FEDERAL AGENCY	Federal Identifier				
XXX Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:		Organizational Unit:					
Bay Foundatin of I	Morro Bay						
Address (give city, county, State		Name and telephone number of person to be contacted on matters involvin this application (give area code)					
601 Embarcadero,		Daniel Berman - 805-772-3834					
Morro Bay, CA 934	42		Daniel Berma	an - 805-//2-3834			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)			
77-0214	78417	A Chata					
			A. State B. County I. State Controlled Institution of Higher Learning C. Municipal D. Township K. Indian Tribe F. Interstate L. Individual				
8. TYPE OF APPLICATION:		V-X -					
Nev	y Continuation	XX Revision					
If Revision, enter appropriate lett	ter(s) in box(es)	C					
	11		F. Intermunicipal	M. Profit Organization Non-profit N. Other (Specify)			
1	rease Award C. Increase	Duration	G. Special District N. Other (Specify)				
D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY:				
Increase by \$506,	984.: extend to	6/30/06					
			USEPA				
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NI	IMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:			
IU. CATALOG OF TEBERAL B	וויבטווס אטוואווט	66 -4 56		ND Dral ENVER Program			
	L	0101-612101	CCMP Imple				
TITLE:							
12. AREAS AFFECTED BY PRO CA; San Luis Obis	DJECT (Cities, Counties, Sta	ies, eic.): Bav		MAY 2 2005			
	,						
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: 23	3	STATE CLEARING HOUSE			
Start Date Ending Date	a. Applicant		b. Project				
1 1	Bay Foundation o	of Marra Pay	1	ational Estuary Program			
7/1/01 16/30/06 1 15. ESTIMATED FUNDING:	bay roundacton c	II MOLLO Day	Morro Bay National Estuary Program 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
			ORDER 12372 PF	ROCESS?			
a. Federal	\$ 50)6,984. [∞]	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: .				
		00					
b. Applicant	\$ -78	15,700					
c. State	\$						
		, ∞	DATE <u>4/29/05</u>				
d. Local	\$,	h No TI PROGR	AM IS NOT COVERED BY E. O. 12372			
e. Other	s	<u></u>	-	GRAM HAS NOT BEEN SELECTED BY STATE			
c. Giner	*	·	FOR RE				
f. Program Income	\$.00					
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	1,292,	684."	Yes If "Yes,"	attach an explanation.			
18. TO THE BEST OF MY KNOW			ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE			
				HE APPLICANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF		RDED. b. Title		Talantana Nivertan			
a. Type Name of Authorized Repl	resentative	ay Foundation	c. Telephone Number 805–756–2193				
d. Signature of Authorized Repres	sentalive	a, rodinacio	e. Date Signed				
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APPLICATION FOR						
FEDERAL ASSISTAN	AL ASSISTANCE 2. DATE SUBMITTED April 29		, 2005	Applicant Identifier V-00940410-0		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
✓ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name: DEPARTMENT OF T		ES CONTROL	SITE MITIGAT	TION PROGRAM		
Address (give city, county, State,			Name and telephone number of person to be contacted on matters involving this application (give area code)			
1001 I STREET, FLO SACRAMENTO, CA	95812-080p	Carol O'Bryant (916) 323-3372				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	ΔΥ 0 2 2005	7. TYPE OF APPLICA	NT: (enter appropriate letter in box		
68-0281	3 8 1	A. State H. Independent School Dist.				
8. TYPE OF APPLICATION:	STATE	CLEARING HOUS		I. State Controlled Institution of Hig	gher Learning	
New	✓ Continuation	Revision	C. Municipal	J. Private University		
_			D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	M. Profit Organization		
		Duration	F. Intermunicipal G. Special District	N. Other (Specify)		
,	rease Award C. Increase	Duration	G. apeciai District	14. Outer (openity)		
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERAL AGENCY:			
	-		UNITED STATES ENVIRONMENTAL PROTECTION AGE			
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:		
		SUPERFUND M	ULTI-SITE MANAGEMENT			
055014	L	ASSISTANCE TO	O PROVIDE OVERSIGHT C	F FEDERAL		
TITLE: CERCLA	TOT (Oliver Counties Ch	NATIONAL PRIC	ORITY LIST SITES.			
12. AREAS AFFECTED BY PRO STATE OF CALIFORNIA	JJEC I (Cities, Counties, Sta	nes, etc.).				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date	a. Applicant DISTRICTS 3 &	4 CALIFORNIA	b. Project			
15. ESTIMATED FUNDING:		· · · · · · · · · · · · · · · · · · ·	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE	EXECUTIVE	
			ORDER 12372 PF	ROCESS?		
a. Federal	\$	600,000 ^{.™}		APPLICATION/APPLICATION WAS		
b. Applicant	\$.00		E TO THE STATE EXECUTIVE OR FOR REVIEW ON:	DER 12372	
c. State	\$.00	DATE	04/29/05		
d. Local	\$,00		AM IS NOT COVERED BY E. O. 12		
e. Other	\$,00	OR PRO	GRAM HAS NOT BEEN SELECTEI /IEW	D BY STATE	
f. Program Income	\$	oo	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDER	RAL DEBT?	
g. TOTAL	\$	600,000 ·	1	attach an explanation.	☑ No	
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICATION TO THE APPLICANT AND T	TION ARE TRUE AND CORRECT, HE APPLICANT WILL COMPLY W	THE VITH THE	
ATTACHED ASSURANCES IF						
Type Name of Authorized Rep Dorothy Rice		b. Title Deputy Director		c. Telephone Number (916) 323-3576		
d. Signature of Authorized Regree	esentative			e. Date Signed		
					7.07\	

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